Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, April 19, 2013 at the hour of 8:00 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

#### I. Attendance/Call to Order

Chairman O'Donnell called the meeting to order. In the absence of a quorum at that time, she appointed Director Butler as a substitute Member of the Committee for quorum purposes; therefore, a quorum of members was present.

Present: Chairman Heather O'Donnell, JD, LLM, and Directors Hon. Jerry Butler (substitute Member),

Edward L. Michael and Jorge Ramirez (3)

Board Chairman David Carvalho (ex-officio) and Mr. Donald Oder (Non-Director Member)

Absent: Director Carmen Velasquez (1)

At approximately 9:30 A.M., Chairman O'Donnell recessed the meeting to the call of the Chair, in order for the Human Resources Committee Meeting scheduled for 9:30 A.M. to be called to order and recessed to the call of its Chair. Immediately following this activity, Chairman O'Donnell reconvened the Finance Committee Meeting; the Committee continued its consideration of the items presented.

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

John Cookinham – System Chief Financial Officer

Randolph Johnston - System Associate General Counsel

Aaron Galeener – System Budget Director

Susan Greene – System Interim Director of Managed

Care

Bala Hota, MD – System Chief Information Officer

Marisa Kollias – Director of Media and Public Relations

Fred Lebed – The Prairie Group

Dorothy Loving - System Executive Director of

Finance

Ram Raju, MD, MBA, FACS, FACHE - Chief

Executive Officer

Elizabeth Reidy – System General Counsel Deborah Santana – Secretary to the Board

#### II. Public Speakers

Chairman O'Donnell asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. Dan Boris Research Director, SEIU Local 73 (written testimony included as Attachment #1)

2. George Blakemore Concerned Citizen

3. Alma Jaromahum, RN Employee, Neonatal ICU Department, John H. Stroger, Jr. Hospital of Cook County

#### **III.** Action Items

#### A. Minutes of the Finance Committee Meeting, March 22, 2013

Director Michael, seconded by Director Butler, moved to accept the minutes of the Finance Committee Meeting of March 22, 2013. THE MOTION CARRIED UNANIMOUSLY.

#### III. Action Items (continued)

#### **B.** Contracts and Procurement Items (Attachment #2)

Chairman O'Donnell noted that an issue that has been raised regarding a number of contracts scheduled for consideration at this meeting and discussed at many Finance Committee Meetings, relates to the System's inability to hire people in a timely fashion. She indicated that this is affecting many areas in the System; she requested that the administration work with her, Board Chairman Carvalho and Human Resources Committee Chairman Butler to work on a concrete solution to the problem.

Gina Besenhofer, System Director of Supply Chain Management, presented the requests for the Committee's consideration. She noted that there are several requests that are pending review by Contract Compliance - of the fifteen requests presented, thirteen remain pending review by Contract Compliance. Six of the contracts have not been completed due to the late submission by Supply Chain; she stated that she is working as quickly as possible to review and redefine a process that will support the required due dates to allow the Compliance to do their due diligence.

During the Committee's review and discussion of request number 5 (request to amend and increase the contract with Sodexo America, LLC), Ms. Besenhofer stated that part of the intent for this amendment is to include performance indicators and measurements within the contract; these were not initially included as part of the original contract.

Mr. Oder inquired noted that he does not have an issue with adjusting a contract after an organization gets more experience in this type of contract, particularly when the contractor is presumably doing a good job. With regard to the section of the amendment referring to free meals for residents, he questioned whether this is currently an industry standard; he encouraged the administration to review this policy and the industry standards around the country. With regard to using adjusted patient days as a measure of the inpatient food costs, he noted that the figure for adjusted patient days includes all the revenues of outpatient services (emergency room, clinic, pharmacy, etc.). He stated that perhaps a more accurate statistic would be to use inpatient days and to use a partial patient day for the observation unit, depending upon how many meals on the average tend to be served to observation patients. In addition to that, he noted that food service to family members in the Pediatric Unit is very important, so there would probably need to be some kind of factor from the pediatric days to account for that, because family members definitely should be encouraged, particularly at mealtime, to be with the pediatric patient. He stated that the numbers may be absolutely on target, but it seemed to him that perhaps a more realistic statistic could be used.

Director Michael stated that it is a little challenging to tell exactly what the improvements are expected to be; as a Board Member, it would be helpful to know that for the additional money, what is Sodexo going to do? He stated that from the transmittal it is not totally clear what the details are, and indicated that more information regarding this would be very helpful. Ms. Besenhofer stated that this can be provided.

Director Butler noted that during the verbal recitation of the item, there may have been a mis-statement of the amount of the contract amendment; for the record, the amount of the request to amend and increase the contract is \$7,564,836.00.

Board Chairman Carvalho stated that, with regard to this request, he had quite a few questions when he first saw it. As Mr. Oder indicated, sometimes the experience over the life of a contract moves in a different direction than what was originally planned; apparently over the life of this contract, there were some assumptions made about staffing on the System's part, for example, that were not fulfilled, so in some respects, some of what might be assumed as additional costs is not exactly how the dollars are being spread out; rather, rather some of it is to account for costs associated with the experience to date. Rather than dispute in a

#### **III.** Action Items

#### **B.** Contracts and Procurement Items (continued)

combative way, the parties have discussed the matter and have worked it out in a more cooperative way. Some of the cost associated with the amendment is increased cost due to new assumptions, but some of it is also to reconcile the actual experience under the contract. The decision to rebid or reform the contract, and the strong sense of the administration, was that the negotiations led to a price that would be a very good price; rather than creating the disruption from terminating one contract and rebidding in the hopes of getting a better price, the administration believes that this is a better price than that which would be resulting from a rebidding process. The combination of the administration's judgment that this is a good price, and their opinion that the experience and vendor's performance has been good - this reconciles some of those conflicts relating to the amendment in a way that results in a conclusion that is least disruptive to the organization and still reflects a good price for those services for the System. Based on those assurances, he stated that his initial concerns about this were dissipated.

Director Michael stated that he has worked with Sodexo in the past; he has always been pleased with services that they have provided and he believes that they do so at a fair price. However, as the expectations have changed now, he thinks it would be helpful for the Board to understand what are the new expectations on the part of both parties, so that all parties are clear regarding what to expect going forward. He noted that in the request, it states that the amendment is to start as of January 1, 2013; he inquired whether this is retroactive because the System has already started to incur some of these costs, and there is a need to cover that period of time. Ms. Besenhofer responded affirmatively.

With regard to request number 7 (extend and increase contract with Suburban Primary Health Care Council – funding for Access to Care Program), Chairman O'Donnell inquired whether the individuals served under this Program are a population who would qualify for CountyCare. Board Chairman Carvalho responded in the negative; he stated that an overwhelming number of the persons served under this Program would not be eligible under the Affordable Care Act.

Director Michael noted that the previous agreement to fund expired November 30<sup>th</sup>. He indicated that in the future it would be better to present these types of contracts earlier. Ms. Besenhofer responded that this is the goal; as mentioned earlier in the meeting, Supply Chain will be refining the entire process and communicating it to the end users so that all are in synch with the expectations for contractual requests.

With regard to request number 12, Director Michael noted that this is reflected as a sole source/preferred provider contract, but no history is reflected with these products, according to the transmittal; normally when a new product is brought in like this, one would expect to see some sort of competitive bidding process, unless this product is only made by Medtronic. Ms. Besenhofer stated that this is a physician preference item. The physicians have reviewed the different products available, and this is the product that they have recommended, based on the patient outcomes; she noted that the physicians have trialed the product, and have utilized it. She added that this item falls under the Value Analysis Program, which is under the umbrella of Supply Chain Management. That is one of the items in which Supply Chain always tries to engage the physicians and clinicians, when there is a preference for reasons of patient outcome or safety.

Director Michael, seconded by Director Butler, moved the approval of request numbers 1 through 15, pending completion of review of the proposed requests by Contract Compliance, and pending receipt of additional information regarding the Sodexo request. THE MOTION CARRIED UNANIMOUSLY.

#### III. Action Items (continued)

#### C. Any items listed under Sections III and IV

#### IV. Recommendations, Discussion/Information Items

#### A. Financial Reports – March 2013 (Attachment #3)

Dorothy Loving, System Executive Director of Finance, presented the Financial Reports for the period through March 2013. The Committee reviewed and discussed the information.

#### B. Update on Section 1115 Medicaid Waiver Demonstration Project / CountyCare (Attachment #4)

This item was taken out of order.

Susan Greene, System Interim Director of Managed Care, provided an update on the Section 1115 Medicaid Waiver Demonstration Project/CountyCare.

Ms. Greene stated that as of Wednesday, 38,051 applications have been initiated; that figure excludes the approximate 6,000 applications that were written-off due to aging (75 days or older). On average, 515 applications are being initiated per day, and 383 per day are being submitted to the Illinois Department of Human Services (DHS). In April, DHS has processed approximately 168 applications per day; however, in the past week, this figure has gone up to an average of 244 applications per day. Last week, the administration was notified that the State has agreed to increase their staffing up to 100 people; these staff will be on campus to process the applications.

Ms. Greene clarified that there are over 40 application assisters located on the Stroger Hospital Campus. Enrollment is done at all inpatient units, both at Stroger and Provident Hospitals and at both Emergency Departments (EDs). The largest Ambulatory and Community Health Network of Cook County (ACHN) clinic is the General Medicine Clinic (GMC). GMC has approximately 20% of the volume; two enrollers have been there basically since enrollment started. The specialty care volume is twice what the primary care volume is; this is another reason that an office for taking applications is located on the first floor, right across from the specialty clinics. She noted that she appreciates the fact that a more direct strategy is needed out at the ACHN clinics; therefore, the administration is moving in the direction of training those staff to ask the four screening questions, to more precisely identify those that may be eligible.

Ms. Greene stated that several meetings have been held with representatives from the Access to Care Program. She believes that progress is being made towards a sort of mutual referral system, under which they will refer to the System those persons that they think are eligible for CountyCare; likewise, if the System has people that were denied enrollment in CountyCare and who live in the suburban area, the System would start referring those persons to the Access to Care Program.

Ms. Greene stated that membership is doubling each month. She informed the Committee of another major development - the State requested a change in citizenship verification. The System's staff has been doing this, and now the State will be doing it. As a result, the System will be able to submit more applications, because the System staff will not be verifying citizenship. This change will probably occur in the next week or two; however, she noted that this policy change needs to be communicated from the Illinois Department of Healthcare and Family Services (HFS) to DHS.

#### IV. Recommendations, Discussion/Information Items

#### B. Update on Section 1115 Medicaid Waiver Demonstration Project / CountyCare (continued)

Director Michael inquired further regarding the subject; he asked whether the administration expects any change with the timing of the verification of citizenship – will it take the State less or more time to verify? Ms. Greene responded that the System's cycle of time will shrink, because applications will be submitted on a faster basis. The State has access to the Social Security Administration database, so they batch requests every day; until they staff-up, they will probably spend more time on each application. She noted that the staffing level increase is becoming more evident, as the number of applications processed per day is increasing. She added that the System would like to submit 500 applications per day, and would like the State to process 500 applications per day. Representatives from the State have indicated that they will have all of the staff in place by June 1<sup>st</sup>.

Ms. Greene stated that applications are now being taken at Cermak Health Services of Cook County, effective April 1<sup>st</sup>; over 800 applications have been taken there so far.

Ms. Greene stated that the younger population has slightly increased; previously, 13% of members were under the age of 35, now that figure is 21%. 55% of the members are over the age of 50, and 75% are between the age of 35 and 64. As this is actually a Federal demonstration, she noted that the Centers for Medicare and Medicaid Services (CMS) is very interested in the lessons being learned. One of the lessons that has been debated extensively is that when the Affordable Care Act (ACA) rolls out, older, more stable populations will enroll, and younger people will be more of a challenge with regards to enrollment. She stated that a lot of analysis has been done regarding where the potential eligible people under the age of 35 are at the System they tend to be in the EDs, so the administration is working with its vendors on different strategies in approaching and talking to this group, and encouraging them to enroll. She added that the administration is in active discussions with HFS on how the System is going to transition beyond CountyCare and the demonstration into either an actual health plan, or a Managed Care Community Network (MCCN) come January 1<sup>st</sup>.

Ms. Greene stated that, beyond the subject of enrollment, care management and transition of care issues are being identified within the System; however, she stated that there are a lot of stories of how CountyCare members have really benefitted - the quality of the patient experience is improving, particularly because members have access to home health as an alternative to longer lengths of stay or placement in nursing homes. She stated that it has been a bit of a challenge to transfer patients back into Stroger Hospital, because it takes twenty hours to get a patient from the ED to the ward. Additionally, there is some additional education that is being provided to ED staff in response to their concerns regarding potential patient dumping - when the System is trying to transfer a CountyCare patient from an ED outside of the System to one of the System's hospitals, the System staff needed to be educated that these were the System's CountyCare patients that were being transferred back in, and not a patient dumping situation.

The Committee discussed the methods used to identify and approach potential eligible persons for enrollment purposes. Ms. Greene stated that, within the Cerner System, there is a flag that identifies someone as potentially eligible for the Waiver; when that person presents (System-wide) they are given information about how to enroll. In the actual inpatient units, staff from the System's eligibility vendor, Chamberlin Edmonds (CEA), go bed to bed; in the ED, when people are waiting, CEA staff go from person to person, screening them and talking to them. Ms. Greene stated that she has been told by vendors that most people in the ED are not in any shape to engage deeply, so often it cycles back around. Board Chairman Carvalho indicated that this ties back to the idea of putting people in the ambulatory units or clinics, where there might be a better opportunity for enrollment if the patient is coming in for something routine and is better able to focus.

#### IV. Recommendations, Discussion/Information Items

#### B. Update on Section 1115 Medicaid Waiver Demonstration Project / CountyCare (continued)

Board Chairman Carvalho noted that the Finance Committee has been typically receiving reports on enrollment and the financial aspects related to the Waiver; he asked whether the Quality and Patient Safety Committee is having the similar in-depth conversations about the care issues and regarding the whole implementation of the medical home. Director Michael stated that one of the key issues that has been discussed at the last couple of Quality and Patient Safety Committee meetings is the fact that ultimately, the System is going to have potentially 115,000 new patients to provide high-quality care to; it is one thing to have the patients enrolled and start the billing, but there is also going to be the expectation that those patients will get the care they need. Going forward, a lot of attention will need to be paid to this subject. Board Chairman Carvalho noted that, approximately two years ago, there was a program that the State started, under which a large number of people were enrolled by default at the System; the System basically lost these patients, because the patient experience was not ideal so people migrated out. Ms. Greene stated that the administration has been engaged in a lot of discussions with Dr. John Jay Shannon, Chief of Clinical Integration, and Cathi Braswell, Interim Chief Operating Officer of Outpatient Services, and other leaders at ACHN; a lot of progress has been made in thinking through and figuring out a coordinated care management strategy.

Board Chairman Carvalho indicated that there has been a subject that has been brought up in the past that has been earmarked for future discussion; however, he would like to identify when that future date of discussion might be. In connection with the State's planning for the ACA, one of the things that they are starting to wonder about more deeply is how realistic is the assumption that was made that the pool of people who are eligible for the marketplace (health insurance exchange), the non-Medicaid population - how realistic is it to assume that simply because they are eligible, they will start enrolling? Especially at the lower income levels, involving people who previously may have been eligible for Medicaid and who may be familiar with the Medicaid experience (which is, if an eligible person does not enroll but is hospitalized, the person would be retroactively enrolled and would walk out without any co-pays or bill) - the ACA experience will be very different from that. Under the ACA experience, a person has to enroll up-front, there is no retroactive eligibility, the person is going get a tax credit that is going to subsidize some of the costs but not all, the person is going to have co-pays and potentially some premium exposure. The question dovetails with what this Board and Committee has discussed in previous conversations, regarding how to deal with the population that is eligible but does not enroll in CountyCare, when those people come to the System for service. It was previously determined that this subject would be reviewed in the future; he asked if a date can be set for when the administration will present to the Board or Finance Committee what or how they think that situation should be handled. He added that, although the subject is similar to that which was previously discussed involving CountyCare, the difference is that the issue will not go away when CountyCare is replaced with the ACA – it will be the same issue all over again.

Dr. Ram Raju, Chief Executive Officer, clarified that this would be a discussion of the policy issue. Board Chairman Carvalho responded that this should be a discussion of what the policy should be. There are two sets of policies one could potentially have - one would relate to the provision of services to persons in a non-emergency situation, and the other would relate to any tweaking to the CareLink Policy. He recalled that several months ago, a representative from PricewaterhouseCoopers pointed out to the Board that if and when the System chooses to try to collect co-pays, it is unrealistic to live with the County Ordinance that requires a surcharge on people who pay with credit or debit card; that person suggested that the System ought to be going to the County Board to ask for a waiver of that. If that is the case, perhaps that is something that should be discussed and determined soon. Chairman O'Donnell recommended that this policy review and discussion take place with the full Board, rather than with the Finance Committee<sup>i</sup>.

#### IV. Recommendations, Discussion/Information Items

#### B. Update on Section 1115 Medicaid Waiver Demonstration Project / CountyCare (continued)

To distinguish between initial application and membership, Mr. Oder inquired whether there is some kind of a percentage factor that might be applied to indicate how many actual members the System will end up with. Dr. Raju responded that the issue is that there will be some lag time between the submission of applications by the System and the processing and approval of the applications by the State; it is hoped that the cycle time of the State will improve. The aim is to enroll 115,000 people by the end of the Waiver period – it is hoped that the State will cooperate to get the applications done in a timely fashion. Dr. Raju indicated that the question is - will the applicants all be members by the end of the Waiver period?

Marisa Kollias, Director of Media and Public Relations, and Fred Lebed, President and Chief Executive Officer of The Prairie Group, provided an overview of media and outreach activities relating to CountyCare (included in Attachment #4).

Aaron Galeener, Director of Budget, provided an overview of the financial information presented regarding CountyCare activities (included in Attachment #4). The Committee reviewed and discussed the information.

Chairman O'Donnell noted that it looks like the System will have to ramp up really quickly in the coming months; she inquired whether it is believed that those revenue targets will be met. Mr. Galeener responded that the administration is expecting that the overall revenue goal will be met. He added that what is more difficult to evaluate at this point due to the DHS eligibility processing time, is exactly when the timing of those payments will occur. As alluded to earlier, the State is going to be increasing staffing for this purpose, and it is expected that the rate of their processing will increase dramatically over the next few months, which should help.

#### V. Report from System Director of Supply Chain Management

#### A. Report of emergency purchases

There were no emergency purchases to report at this time.

#### VI. Report from Chief Financial Officer (Attachment #5)

Mr. Cookinham reviewed his report, which included information on the following subjects: Additional Financial Reporting; CCHHS Income Statement YTD March 31, 2013; and Revenue Leakage Control. The Committee reviewed and discussed the information.

#### VII. Adjourn

As the agenda was exhausted, Chairman O'Donnell declared the meeting ADJOURNED.

Minutes of the Meeting of the Finance Committee Friday, April 19, 2013 Page 8

Respectfully submitted, Finance Committee of the Board of Directors of the Cook County Health and Hospitals System

Attest:

<sup>1</sup> Follow-up: for future Board Meeting, presentation to be made by administration and discussion by Board regarding potential policy changes needed regarding how to handle the populations who are eligible to enroll in CountyCare and ACA but do not enroll, and who present at the System for services. Page 6.

Cook County Health and Hospitals System Finance Committee Meeting Minutes April 19, 2013

ATTACHMENT #1







Members of the Board of Directors of the Cook County Health and Hospitals System:

AFSCME Council 31, SEIU Local 73, and SEIU Doctor's Council are eager to help the Cook County Health and Hospitals System enroll uninsured and underinsured patients into CountyCare. We urge the County Health system to help us help you, by training Clerk Vs, and other titles, potentially including PCAs, CNAs, Health Advocates and Medical Assistants, as Application Assistors.

Currently County contractors have trained significant numbers of Federally Qualified Health Center employees as application assistors. It is about time to train CCHHS employees as application assistors too.

It is essential for Cook County Health and Hospitals System to enroll as many clients as possible to its own patient centered medical homes and ambulatory clinics. While application assistors are located at Stroger Hospital, Fantus, Cermak, Provident and Oak Forest, they are not located at primary care clinics, in the emergency rooms or in hospital wards.

If CCHHS employees were cross-trained as assistors, they would be able to enroll everyone who enters a CCHHS facility in CountyCare. Members of Cook County health system unions are also able to staff health and enrollment fairs with health providers and trained assistors to enroll those potential patients that have not yet visited CCHHS.

A strong multi-faceted outreach plan is important because the next five months are critical to the survival of the Cook County Health and Hospitals System. If new patients enroll, and receive care from Cook County providers and establish an initial relationship with that provider here, they are more likely to choose Cook County Health and Hospitals System as their medical home next year, and in subsequent years. But if the number of individuals enrolled into CountyCare at CCHHS sites falls short, Cook County Health and Hospitals System could face a large financial deficit and declining patient population in 2014.

Though there are challenges, there are also enormous opportunities presented by the Affordable Care Act. Let's seize this moment to work together for the sake of those who rely upon the Cook County Health and Hospitals System.

Emilie Junge

Henry Bayer

Christine Boardman

Regional Coordinator SEIU Doctor's Council Executive Director AFSCME Council 31

Henry Bayer

President SEIU Local 73

Cook County Health and Hospitals System Finance Committee Meeting Minutes April 19, 2013

ATTACHMENT #2

# COOK COUNTY HEALTH AND HOSPITALS SYSTEM ITEM III(B)

# APRIL 19, 2013 FINANCE COMMITTEE MEETING CONTRACTS AND PROCUREMENT ITEMS

CONTRACTS AND PROCUREIVIENT TIEWS					
Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
т	Vendor	Screec of Frouder	riscai iiipact	- System	п
Renew G	irant				
			Grant renewal		
	Illinois Department of Public	Service - Local Health Protection	amount:		
1	Health	Services	\$2,061,638.00	CCDPH	3
Accept G	rant				
			Grant award		
	Illinois Department of Public		amount:		
2	Health TB Program	Service - TB directly observed therapy	\$60,000.00	CCDPH	4
_					
Renew C	ontract			ı	
		Service - software support,			
3	CDW-G	maintenance and enhancements	\$3,492,472.23	System	5
Increase	Contract			1	1
	Maxim Healthcare Services,				
4	Inc.	Service - temporary laboratory staffing	\$264,000.00	SHCC	6
Amend a	nd Increase Contracts				
		Product and Service - Food and			
		Nutrition, Environmental and Patient		PHCC,	
		Transportation Management and		SHCC,	
5	Sodexo America, LLC	related services	\$7,564,836.00	OFHC	7
	Trako Dental & Medical				
6	Supply, Inc.	Product - dental supplies	\$55,000.00	CHSCC	8
Extend a	nd Increase Contract				
	Suburban Primary Health	Service - funding for Access to Care			
7	Care Council	Program	\$3,000,000.00	System	9
	1	-		•	
Execute	Contracts				
		Product - mobile work stations,			
8	MoreDirect, Inc.	personal computers, Lexmark printers	\$2,356,466.97	System	10
9	GE Medical	Product - echo machines \$797,962.18		SHCC	11
		Service - software support,			
10	CDW-G	maintenance and enhancements	\$711,976.14	System	12

# COOK COUNTY HEALTH AND HOSPITALS SYSTEM ITEM III(B)

# APRIL 19, 2013 FINANCE COMMITTEE MEETING CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Execute	Contracts (continued)				
11	MoreDirect, Inc.	Product - toner cartridge for Lexmark printers	\$472,565.99	System	13
12	Medtronic	Product - rechargeable stimulator implants	\$300,000.00	SHCC	14
13	A Safe Haven Foundation	Service - landscaping maintenance	\$291,600.00	SHCC	15
14	Zoll Medical	Product - defibrillators	\$235,482.00	SHCC	16
15	CareFusion Solutions, LLC	Service - maintenance for proprietary Pyxis equipment	\$176,088.00	System	17

#### **BOARD APPROVAL REQUEST**

T analysis				
SPONSOR: Terry Mason, M.D, Chief Operating Of	Mar CCDDU	EXECUTIVE SPONSOR	Menny	
DATE:	PRODUCT / SER		1 mound	
04/01/2013		ealth Protection Services	1	
TYPE OF REQUEST:	VENDOR / SUPPL		1	
Grant Contract Renewal		t of Public Health, Springfi	ield. Illinois	
FISCAL IMPACT / ACCOUNT:	William Beparent	GRANT FUNDED AMOU	INT:	
•		\$2,061,638.00		
CONTRACT PERIOD:		CONTRACT NUMBER:		
07/01/2013 thru 06/30/2014		45080117B		
COMPETITIVE SELECTION MET	HODOLOGY: [BIT	) / RFP / GPO]	:	
N/A				
NON-COMPETITIVE SELECTION	I METHODOLOGY	Y: [SOLE SOURCE]		
N/A				
The previous grant contract with the Illinois Department of Public Health, Office of Health Protection, was for twelve (12) months in the amount of \$2,061,638.00. This grant was approved by the Cook County Health and Hospitals System Board on September 28, 2012.  NEW PROPOSAL JUSTIFICATION:  As a state certified health department in the State of Illinois, the Cook County Department of Public Health (CCDPH) is mandated to provide health protection services including but not limited to, infectious diseases, food protection, potable (drinking) water, and sewage disposal in suburban Cook County areas under the jurisdiction of the Cook County Department of Public Health.  *The deferred liability for this agreement is \$852,815.00.  TERMS OF REQUEST:  This is a request to accept Grant contract number 45080117B in the amount of \$2,061,638.00 for a period of twelve (12) months from 07/01/2013 thru 06/30/2014.  CCHHS CBO:  Approve Delivery Paikurs Africant Public Registers Office.				
Anthony Rajkumar, Chief Busingss Officer  CCHHS CFO: Philipper Chief Singness Officer	hom		APR 2 6 2013	
John Cookinham, Chief Financial Officer			7V 80470 05	
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			TH AND HOSPITALS SYSTEM	
Ram Raju, M.D., Chief Executive Office	Г			
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We Bring Health CARE to Your Community

<sup>•</sup> Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health • • John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center• Provident Hospital • Ruth M. Rothstein CORE Center •

#### **BOARD APPROVAL REQUEST**

SPONSOR:		EXECUTIVE/SPONSOR:
Terry Mason, MD, Chief Operating Of	fficer, CCDPH	N/A XIMILAOM M
DATE:	PRODUCT / SER	
04/01/2013		ctly Observed Therapy
TYPE OF REQUEST:	VENDOR / SUPP	PLIER.
Accept Grant Contract		nt of Public Health TB Program, Glen Carbon, Illinois
FISCAL IMPACT / ACCOUNT:		GRANT FUNDED RENEWAL AMOUNT:
•		\$60,000.00
CONTRACT PERIOD:		CONTRACT NUMBER:
01/01/2013 thru 12/31/2013		35180065A
COMPETITIVE SELECTION MET	THODOLOGY: IBIT	
N/A		5 7 11 7 51 51
NON-COMPETITIVE SELECTION	METHODOLOGY	Y (SOLE SOLIDCE)
N/A	1 METHODOLOG	i. [BOLL BOOKOL]
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BRIOD CONTRACT LIETORY.		
PRIOR CONTRACT HISTORY:		
There is no prior history for this grant.		
		•
NEW PROPOSAL JUSTIFICATION:		
	the Cook Count	Pennyment of Bublic Health (CORDIN is mandated to
		y Department of Public Health (CCDPH) is mandated to
		s. This grant contract provides funding for trained CCDPH
		s to patients, observe the patients swallow every dose of
		visit, and answer any patient questions. This program is
strongly recommended in the National T	uberculosis treatme	nent guidelines.
		,
*The deferred liability for this agreement	: IS \$0.00.	
TERMA AF REALIFAT		
TERMS OF REQUEST:		
		065A in the amount of \$60,000.00 for a period of twelve
(12) months from 01/01/2013 thru 12/31	/2013.	
CCHIS CBO: ( Millione Zell	inna	
CCITIS CBC	, marcos	APPROVED
Anthony Rajkumar, Chief Business Officer		
	٨	
CCHHS CFO: Jeh Cooksen	lion	APR 2 0 2013
John Cookinham, Chief Financial Officer		Will FARAIA
Sonii Cookiiniani, Onici i mandai Onicei		
		BY BOARD OF
CCHHS CEO:		DIRECTORS OF THE COOK COUNTY
Ram Raju, M.D., Chief Executive Officer	•	HEALTH AND HOSPITALS SYSTEM
Main Maju, M.D., Other Executive Graces		
		Request #
		2

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •

• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center• Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

#### **BOARD APPROVAL REQUEST**

SPONSOR:		EXECUTIVE SPONSOR:
N/A		Bala Hota, M.D., Chief Medical Information Officer/Chief
DATE:	PRODUCT / SER	Information Officer
04/03/2013		RVICE: re Support, Maintenance and Enhancements
TYPE OF REQUEST:	VENDOR / SUPP	e Support, maintenance and contancements
Renew Contract	CDW-G	, in the second
	CAL IMPACT:	GRANT FUNDED /RENEWAL AMOUNT:
890-441 CCHHS \$3,	,339,005.46	N/A
	\$153,466.77 403,473,23	1
CONTRACT PERIOD: \$3,	,492,472.23	CAUTE LAT WILLIAMS
06/01/2013 thru 05/31/2016	,	CONTRACT NUMBER: H10-73-126
Y COMPETITIVE SELECTION ME	ETHODOLOGY:	H1U-73-120
^ GPO		
NON-COMPETITIVE SELECTION	ON METHODOLOG	ΣY:
N/A		
TOTAL STURETORY	<del></del>	
PRIOR CONTRACT HISTORY: Contract number H10-73-126 was appl	bu the Cook	Control of the contro
the amount of \$3 689 172.16 on 09/30	/OVED by the Gook \	County Health and Hospitals System (CCHHS) Board in d from 09/15/2010 thru 09/15/2013. A request to amend and
increase contract number H10-73-126	in the amount of \$3	o from 09/15/2010 thru 09/15/2013. A request to amend and 368,917.22 was approved on 12/28/2012 for the purchase
of MS Sequal (SQL) for the 1115 Waive	er Project.	700,017.22 Was approved on 12/20/20 12 10, 110 persuant
	•	
NEW PROPOSAL JUSTIFICATION:  CCHHS is seeking to renew the Micros	Agre	The sales of the s
CCHHS is seeking to renew the initious	oft Enterprise Agre	eement (EA) for another 3 years. The Microsoft EA remote conference communications and other collaboration
provides Commo, software meaning, a solutions which are vital for continued to	mail/calenuaring, re	remote conference communications and other collaboration  b business operations. This new Microsoft EA includes
additional features per user at reduced	overall cost as con	mpared to the first 3 year EA, including web based
Microsoft Office Apps, increased email	storage and unifier	inpared to the first 3 year EA, including web based as instant communications ensuring all system users access
to CCHHS business resources.	0.0.23	A Historia Continuente Chicamaga and Ly
TERMS OF REQUEST:	1140 70 4061	
This is a request to renew contract nu period from 06/01/2013 thru 05/31/20		in the amount of \$3,402,472,23 for a horse
period from 00/0 hz013 und 05/0 hz0	16.	APPROVED
CONTRACT COMPLIANCE HAS FOL	THIS CONTR	
CONTINUE COM EMERGE	AND THIS COLL.	APR 2.6 2013
<u>ATTACHMENTS</u>		MISS in the passing
BID TABULATIONS: N/A		BY BOARD OF
CONTRACT COMPLIANCE MEMO:	Pending	DIRECTORS OF THE COOK COUNTY
۸ ۸	٨	HEALTH AND HOSPITALS SYSTEM
CCHHS CFO: Jeh Cooken	boen_	<del></del>
John Cookinham, Chief Financial Office	or	
John Gookiinani, Gillon III.		
K . / /		
CCHHS CEO:		Request #
Ram Raju, M.D., Chief Executive Office	ar	**

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health • • John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.

Rothstein CORE Center •



#### **TONI PRECKWINKLE**

PRESIDENT **Cook County Board** of Commissioners

EARLEAN COLLINS 1st District

ROBERT STEELE 2nd District

**JERRY BUTLER** 3rd District

STANLEY MOORE 4th District

**DEBORAH SIMS** 5th District

JOAN PATRICIA MURPHY 6th District

> JESUS G. GARCIA 7th District

**EDWIN REYES** 8th District

PETER N. SILVESTRI 9th District

RRIDGET GAINER 10th District

JOHN P. DALEY 11th District

JOHN A. FRETCHEY 12th District

LARRY SUFFREDIN 13th District

**GREGG GOSLIN** 14th District

TIMOTHY O. SCHNEIDER 15th District

JEFFREY R. TOBOLSKI 16th District

ELIZABETH ANN DOODY GORMAN 17th District

OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 € Chicago, Illinois 60602 € (312) 603-5502

April 25, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Contract No.: Commodity:

H10-73-126 / Amendment to Increase Service - Microsoft EA Software Licenses

Department:

HIS

Term:

06/01/13 - 05/31/16

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance. In accordance with the CCHHS Preferred Vendor or GPO process, this purchase did not require a competitive bid and based on CCHHS needs, the GPO vendor has been found to be responsive.

GPO Vendor: CDW Government LLC, Vernon Hills, IL.

Confract Amount: \$3,492,272:23

M/WBE

M/WBE Status

**Participation** 25% - Indirect Certifying Agency

**KBS Computer Services** Alta Packaging, Inc.

MBE (6) WBE

10% - Indirect

**Cook County** Cook County

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other GPO vendor(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar

\$ Fiscal Responsibility 🗗 Innovative Leadership 🌑 Transparency & Accountability 🟳 Improved Services

	BOARD APPRO	DVAL REQUEST		
SPONSOR: Joanne Marcichow-Dulski, Laborator	Director, OCHHS	Jay Shannon, M.D., Chief of Clinical Integration/Interim Executive Director Shared Services		
DATE:	PRODUCT / SERV	VICE:		
04/03/2013 TYPE OF REQUEST:		ary Laboratory Staffing		
Increase Contract	VENDOR / SUPPL	LIER: Services Inc., Oak Park, IL		
	L IMPACT:	GRANT FUNDED / RENEWAL AMOUNT:		
897-275 Stroger Hospital \$26	4,000.00	N/A		
CONTRACT PERIOD:		CONTRACT NUMBER:		
11/14/2011 thru 11/13/2013 COMPETITIVE SELECTION ME	THOROLOGY.	H11-73-101		
N/A	THODOLOGY:			
X NON-COMPETITIVE SELECTIO Sole Source / Preferred Provider	N METHODOLOGY	<u>f:</u>		
PRIOR CONTRACT HISTORY:  Contract number H11-73-101 was approved by the Cook County Board on 10/27/2011 to allow Maxim Healthcare to provide temporary staffing for Stroger Hospital Laboratory from 11/14/2011 thru 11/13/2013 in the amount \$755,880.00.  NEW PROPOSAL HISTORY:  There has been a staffing shortage brought on by retirements and vacant positions in the laboratory areas. There is a critical need to utilize temporary staffing to continue to meet critical turnaround times, quality and patient safety goals. The requested increase to the contract will allow for additional resources with no increase in the contract time period. The new total of the contract will be \$1,019,880.00.  TERMS OF REQUEST:  This request is to increase contract number H11-73-101 in the amount of \$264,000.00 with no increase in the contract period.  CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending  ATTACHMENTS  BID TABULATIONS: N/A  CONTRACT COMPLIANCE MEMO: Pending  CCHHS CFO:  APPROVED  APPROVED  APPROVED  BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM				
Ram Raju, M.D., Chief Executive Officer				
		Request #		

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#### THE BOARD OF COMMISSIONERS TONI PRECKWINKLE, PRESIDENT



#### COUNTY OF COOK **BUREAU OF FINANCE**

#### OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ DIRECTOR

·County Building 118 North Clark Street, Room 1020 Chicago, Illinois 60602-1304 TEL: (312) 603-5502

April 18, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re:

Contract No.:

H11-73-101 / Bid / Third and Fourth Amendments to Increase

Commodify:

Service - Laboratory Staffing

Term:

11/14/11 - 11/13/13

#### Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the professional service goals of 35% MWBE participation.

Bidder: Maxim Healthcare Services d/b/a Maxim Staffing Solutions, Columbia, MD Increase Amount: \$ 40,000.00 (03/28/13) / Dept: Cermak Health Services

Increase Amount:

\$ 264,000.00 (04/19/13) / Dept: Laboratory - John H. Stroger, Jr. Hospital

New Contract Value: \$1,414,496.00

**MWBE** <u>Status</u> Professional Dynamic Network, Olympia Fields, IL MBE (6)

<u>Participation</u> 25% - Direct

Certifying Agency Cook County

Hallagan Office Supply., Chicago, IL

**WBE** 

10% - Indirect

City of Chicago

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar



BOARD A	PPROVAL REQUEST	
SPONSOR:	EXECUTIVE SPONSOR: AND	
Regina Besenhorer, Director Supply Chain Manage	ement   Anthony Raikumar, Chief Business Officer	
	/ SERVICE:	
03/19/2013 Product and	Service - Food and Nutrition, Environmental and Patient	
i ransportat	ion Management and Related Services	
	SUPPLIER:	
Amend and Increase Contract Sodexo Am	erica, LLC, Downers Grove, IL	
ACCOUNT FISCAL IMPACT	A TO THE PROPERTY AND A PROPERTY OF THE PARTY OF THE PART	
897-450 Stroger Hospital	N/A	
891-450 Provident Hospital 898-450 Oak Forest Health Center	i e e e e e e e e e e e e e e e e e e e	
II		
Total \$7,564,836.00 CONTRACT PERIOD:		
07/01/2011 thru 06/30/2016	CONTRACT NUMBER:	
COMPETITIVE SELECTION METHODOLOG	H11-72-054	
X RFP	Υ;	
NON-COMPETITIVE SELECTION METHODO	N OOV.	
N/A	JLUGY.	
PRIOR CONTRACT HISTORY:		
	Directors entered into a \$19,423,678.76, five year, system-wide	
management services contract with Sodeyo in July 2	1011. The contract covers many aspects of CCHHS operations,	
including the purchase of food, management of retail	ad patient food service operations, management of	
environmental services and the purchase of supplies	and the management of patient transportation services and the	
Morgue. Contract pricing was based on a number of	assumptions, including CCHHS staffing levels, patient census	
information, cleanable square footage and revenue p	projections from retail food sajes.	
	•	
NEW PROPOSAL JUSTIFICATION:		
Since the commencement of the contract, the CCHH	S has undergone operational changes and had refined its	
expectations. At this point, the contract requires revi	sion to conform the parties' current expectations and to adjust	
pricing to permit a mutually successful arrangement.	Changes include adjustments to the patient day rates.	
clarification of capital improvements, staffing commit	ments and provisions for temporary staffing when these are not	
achieved, and increased funding for costs relating to	catering, resident meals, meals for observation patients and	
pediatric inpatient related food services. It is anticipa	ited that these changes will facilitate a good faith effort to	
achieve improvements that will be key to enhancing t	the patient experience. Future amendments will likely be	
necessary to reflect additional service charges and to	p facilitate revenue opportunities that could permit contract cost	
reductions.		
TERMS OF REGUISE	i	
TERMS OF REQUEST:		
This is a request to amend and increase the contract	number H11-/2-054 in the amount not to exceed	
	nuing through the remaining contract term ending date of	
06/30/2016.		
CONTRACT COMPLIANCE HAS FOLIND THIS CON	ITO ACT DE ODONOU L'APPROVEU	
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE?		
ATTACHMENTS CONTRACT COMPLIANCE MEMO: Yes	APR 2 d 2013	
CONTRACT CONFLIANCE MENTO. TES	1 '	
CCHHS CFO: The Cookinhor By BOARD OF		
John Cookinham, Chief Financial/Officer	DIRECTORS OF THE COOK COUNTY	
	HEALTH AND HOSPITALS SYSTEM	
I/CEX		
CCHHS CEO:	Request #	
Ram Raju, M.D., Chief Executive Offiger	5	

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#### THE BOARD OF COMMISSIONERS TONI PRECKWINKLE, PRESIDENT

Earlean Collins Robert Staele	1ª Dist. 2ª Dist.	Bridget Gainer John P. Daley	10° Dist. 11° Dist. 12° Dist.
Jeny Buller: William M. Beevers	3™ Dist. 4ª Dist.	John A. Friichey Lawrence Suffredin	13" Dist
Deborah Sins	5 <sup>th</sup> Dist.	Gregg Goslin	14º Dist 15º Olst
Joan P. Murphy Jesus G. Garcia	6° Dist. 7° Dist.	Timothy O. Schneider Jelfrey R. Tobolski	16 <sup>th</sup> Dist.
Edwin Royes	8th Dist.	Eizabeth Ann Doody Gorman	17 <sup>th</sup> Dist.



#### COUNTY OF COOK BUREAU OF FINANCE

#### OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ DIRECTOR

County Building 118 North Clark Street, Room 1020 Chicago, Illinois 60602-1304 TEL: (312) 603-5502

March 27, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re: Contract No.: H11-72-054 (Amendment to Increase Contract)

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the M/WBE Ordinance.

Bidder:

Sodexo America, LLC

Increase:

\$7,585,558.40

Commodity:

Professional Service - Food and Nutrition, Environmental and Patient Transportation

Department:

Supply Chain - CCHHS

Term:

42 months

NEATOE	Status	Percentage of Participation
M/WBE	MBE	5.8%
Christina Foods	MBE	· .6%
The ComfortCake Co.		2%
Kaybee Foods	MBE	.8%
Organic Networking Ltd	MBE	
Azteca Foods, Inc.	MBE	.4%
Dayspring, Inc.	MBE	15.5%
	MBE	.4%
Coffee, Tea & Me	WBE	8.5%
Midwest Foods		.2%
Swiss Food Products	WBE	.3%
Weinstein & Assoc.	WBE .	
Overture Premiums	WBE	.3%
Poppie's Dough, Inc.	WBE	.3%
	WBE	.3%
BBJ Rental's Inc.	MBE	1.3%
Damron Corporation	WBE	•
HP Products		otal 35%

Sincerely,

Jacqueline Gomez

Contract Compliance Director

### **BOARD APPROVAL REQUEST**

ı	SPONSOR!			
	Jests Februa Interim Chief Operation		EXECUTIVE SPONSOR: WITCHOM	
1	desus Estada, Interim Chief Operatir	ng Officer, Cermak	Claudia M. Fegan, M.D., Executive Medical (L/	ila
1	DATE	<u> </u>	Ulfector/Medical Director States Ligarital	7'
	03/22/2013	PRODUCT / SER	VICE:	
Ì	TYPE OF REQUEST:	Product - Dental S	Supplies	
١	Amend and Increase Contract	VENDOR / SUPPL		
		I rako Dental & Me	edical Supply, Inc., Grayslake, Illinois	
ı	249/360 Cermak Health Services	FISCAL IMPACT:	GRANT FUNDED / RENEWAL AMOUNT:	
	CONTRACT PERIOD:	\$55,000	N/A	
	11/19/2010 thru 11/18/2013	,	CONTRACT NUMBER:	
۱	COMPETITIVE CELECTION ME	THARAI ACV.	09-73-190 Rebid/Revised	
	X RFP	il HUDULUGY.		
	NON-COMPETITIVE SELECTIO	IN METHODOLOGY	V.	
		// WEITIOUS.	r.	
	CONTRACT HISTORY:			
1		vised was approved	by the Cook County Health and Hospitals System	Depend
l	of Directors on 11/19/2010 in the amou	ant of \$504,763.15 fr	or 36 months from 11/19/2010 thru 11/18/2013.	n board Thin
ı	allowed for Trako Dental & Medical Sur	poly. Inc. to provide	dental supply products to the Department of Surg	ins cent at
	Stroger Hospital and to Cermak Health	Services.	delital anhhit higgings to the pahaltitient of part	Jery at
				l
	NEW PROPOSAL JUSTIFICATION:			
ı	Cermak Health Services has increased	I the level of service	s since the inception of the contract. In addition,	a new
1	RTU-RCDC building is anticipated to or	pen at the Cook Cou	unty Department of Corrections Campus in June :	2013
	This request to increase the Cermak po	ortion of the contract	t amount from \$133,290,59 to \$188,290,59 is req	uired to
	maintain existing operations and to expand services into the new building.			
This request will result in a cumulative contract amount of \$559,763.15.				
	TERMS OF REQUEST:			ļ
	This is a regulated a second and increase	4		
	inis is a request to amend and increase the contract period.	e contract number o	09-73-190 in the amount APPROV	
	ine contract period.		AFFRUV	EU
	CONTRACT COMPLIANCE HAS FOUI			
	SOM LING LOCAL LING FOR	NO I DIO CONTRA	JI RESPONSIVE: Pending ADD 2 & 2016	
	ATTACHMENTS		APR 2 6 2013	ļ
	BID TABULATIONS: N/A	^		
	CONTRACT COMPLIANCE MEMO: F	Pending ///	BY BOARD OF	
Ì		/ ]/	DIRECTORS OF THE COOK	COUNTY
CCHHS COO: HEALTH AND HOSPITALS SYSTEM				
1	Jay Shannon, M.D., Chief of Clinical Inf	tegration/Interin Ex	ecultive Director Clinical Shared Services	
		i'n U'	$\mathcal{D}$	
	( ) a P )).	.` /)		
	CCHHS CFO: Cooks	vr_	The state of the s	
ŀ	John Cookinham, Chief Financial)Office	ar		
I	V 1/ e		·	
Ì,	CCHHS CEO:	<b>~</b>		
	Ram Raju, M.D., Chief Executive Office	<del>/)</del>	Request #	
ľ	Carrinagu; Ni.D., Criiei Executive Officer			

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Revised 03/01/2011

#### THE BOARD OF COMMISSIONERS TONI PRECKWINKLE, PRESIDENT

Tentison Collins
Tel Dist. Bridget Galner
Robert Steele 2nd Dist. John P. Daley (178)
Serry Buller 3nd Dist. John A. Frischey (178)
Rangley S. Moore 4nd Dist. Lawrence Suffrective 13nd Dist.
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## COUNTY OF COOK BUREAU OF FINANCE

OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ DIRECTOR

County Building 118 North Clark Street, Room 1020 Chicago, Illinois 60602-1304 TEL: (312) 603-5502

April 18, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re:

Contract No.:

09-73-190 Rebid/Revised Amendment to Increase

Commodity:

Product - Dental Supplies

Department:

Surgery - Cermak Health Services

Term:

11/19/10 - 11/18/13

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the supply goals of 25% MBE and 10% WBE participation.

Vendor: Trako Dental & Medical Supply, Inc., Grayslake, IL

Bid Amount: \$55,000:00

New Contract Amount: \$559,763.15

MWBE	Status	Participation	Certifying Agency
Trako Dental & Medical Supply, Inc., Grayslake, IL	WBE	75% / Direct	Cook County
CBL Services, Bolingbrook, IL	MBE (6)	25% / Direct	Cook County

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendor(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar



	BUARD APPI	ROVAL REQUEST
SPONSOR: Law		EXECUTIVE SPONSOR:
Steven Kulhahek, Manager Revenue Cycle		John Cookinham, Chief Financial Officer
	5,010	Commodokimiam, Chief Pinancial Officer
DATE: PRODUCT / SER		ERVICE: 7
04/03/2013		ing for Access to Care Program
TYPE OF REQUEST:	VENDOR / SUP	PPLIER:
Increase and Extend Contract		ary Health Care Council, Westchester, IL
	AL IMPACT:	GRANT FUNDED /RENEWAL AMOUNT:
890-260 CCHHS \$3,0	00,000.00	N/A
CONTRACT PERIOD:		CONTRACT NUMBER:
12/01/2012 thru 11/30/2013		H09-0003
COMPETITIVE SELECTION MET	THODOLOGY:	
X NON-COMPETITIVE SELECTION	N METHODOLO	IGY
Sole Source / Preferred Provider		
DDIOD CONTRACT HISTORY		
PRIOR CONTRACT HISTORY:	L	
Million dellars and extended the control	ber 30, 2009; on	January 29, 2010 the Board increased the contract to Two
Hoolth and Hoonitals System Board and	it for one addition	nal year ending November 30, 2010. The Cook County
\$2,000,000.00 for the period from 12/01	roved a renewal	of the contract on 01/27/2012 in the amount of
\$2,000,000.00 for the period from 12/01	/2011 thru 11/30	N2012.
NEW PROPOSAL JUSTIFICATION:		
		assist Suburban Primary Health Council to provide health
care services to approximately 2 000 kg	by CCHH3 Will a	assist Suburban Primary Health Council to provide nealth
to Core program funded by CCUUS. The	ow-income, unins	sured residents of suburban Cook County through Access
to Care program funded by CCHHS. If	is request is to i	fund the 2013 amount of \$3 Million dollars and extend for
an additional year allowing this program	n to continue thro	ough the 2013 fiscal year, December 1, 2012 through
November 30, 2013.		
TERMS OF REQUEST:		
	antroot number l	H09-0003 in the amount of \$3,000,000.00 for the period from
12/01/2012 thru 11/30/2013. The payment		
12/0 //2012 tilld 1 //30/2013. The paying	ents will be in inc	Sterriettis of \$1.5 fillillon each.
CONTRACT COMPLIANCE HAS FOU	IND THIS CONT	FRACT RESPONSIVE Pending
LIANT COM LIANTE HACTOR	110 0011	TOTAL INEDICATOR TOTAL TENERING
ATTACHMENTS		APPROVED
BID TABULATIONS: N/A		AFPROVED
CONTRACT COMPLIANCE MEMO:	Dendina	
CONTRACT CONFERENCE MILIMO.	rending	ADD 17 & 2012
11/1/1/4		APR 2 6 2013
CCHHS CCI:		
lou Change M.D. (Chiefos Chaire Internation		BY BOARD OF
	graden	DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM
		HEALITY AND TROOF TIALS STOTEM
CCHHS CEO:		
Ram Raju, M.D., Chief Executive Officer	)	
_		Request #
		. 7
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#### THE BOARD OF COMMISSIONERS TONI PRECKWINKLE, PRESIDENT

Barbem Collins 1st Dist. Bridget Gainer 10th Diet. Robert Steele 2st Dist. John P. Deley 11th Dist. John P. Deley 11th Dist. John P. Deley 11th Dist. John P. Dist. Dist. Delocate Stree 3st Dist. Laurence Saffredin 12th Dist. Delocate Stree 5st Dist. Laurence Saffredin 12th Dist. Delocate Stree 5st Dist. Cropg Goelin 1st Dist. Joen P. Marphy 5st Dist. Dist. Dist. Dist. Jeffrey R. Tobolatid 15th Dist. Dist.



#### COUNTY OF COOK BUREAU OF FINANCE

#### OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ DIRECTOR

County Building 118 North Clark Street, Room 1020 Chicago, Illinois 60602-1304 TEL: (312) 603-5502

April 17, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re:

Contract No.:

H09-0003 / Increase and Extend Contract

Commodity:

Service - Funding for Access to Care Program

Department

Revenue Cycle - CCHHS

Term:

12 Months / 12/01/12 - 11/30/13

#### Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the professional service goals of 35% participation.

Vendor: Suburban Primary Health Care Council, Westchester, IL (501(c)(3) Organization)

Contract Amount: \$3,000,000.00

Waiver Granted: Suburban Primary Health Care Council has made good faith efforts to meet the MBE/WBE goals and utilize MBE/WBE firms in accordance with the applicable participation.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendor(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

**Contract Compliance Director** 

JG/Jar



#### **BOARD APPROVAL REQUEST**

SPONSOR:			EXECUTIVE SPONSOR:	
N/A			Bala Hota, M.D., Chief Medical Information Officer/Chief	
<u></u>			Information Officer	
	ITE:	PRODUCT / SEF	RVICE:	
04/	/10/2013	Product - Mobile	duct - Mobile Work Stations, Personal Computers, Lexmark Printers	
TY	PE OF REQUEST:	<b>VENDOR / SUPF</b>	PLIER:	
l <del>-</del>		More Direct, Inc.,	, Boca Raton, FL	
ACCOUNT: FISCAL IMPACT:			GRANT FUNDED / RENEWAL AMOUNT:	
717-890-579 CCHHS \$2,356,466.97		356,466.97	N/A	
CO	NTRACT PERIOD:		CONTRACT NUMBER:	
On	e Time Purchase		H13-76-038	
x	COMPETITIVE SELECTION METHODOLOGY: GPO			
	NON-COMPETITIVE SELECTION METHODOLOGY: N/A			
PRIOR CONTRACT HISTORY:				

There is no prior contract history.

#### **NEW PROPOSAL JUSTIFICATION:**

This is a request to purchase Mobile Work Stations, Personal Computers and Lexmark Printers for the Cook County Health and Hospitals System. This hardware will replace existing, end of life equipment, as well as fulfill pending hardware requests throughout the system.

#### **TERMS OF REQUEST:**

This is a request to execute contract number H13-76-035 in the amount of \$2,356,466.97 as a onetime purchase.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

**ATTACHMENTS** 

**BID TABULATIONS: N/A** 

CONTRACT COMPLIANCE MEMO: Pending

John Cookinham Chief Finagcial Officer

CCHHS CEO:\_

Ram Raju, M.D., Chief Executive Officer

**APPROVED** 

APR 262013

BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM

Request #

<sup>•</sup> Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •



TONI PRECKWINKLE

PRESIDENT **Cook County Board** of Commissioners

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JEFFREY R. TOBOLSKI 16th District

**ELIZABETH ANN DOODY GORMAN** 17th District

OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 ♥ Chicago, Illinois 60602 ♥ (312) 603-5502

April 23, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re:

Contract No.:

H13-76-038

Commodity:

Equipment - Network Equipment

**Department**:

HIS - CCHHS

Term:

One Time Purchase

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance. In accordance with the CCHHS Preferred Vendor or GPO process, this purchase did not require a competitive bld and based on CCHHS needs, the GPO vendor has been found to be responsive.

GPO Vendor: More Direct, Inc., Boca Raton, FL

Contract Amount: \$2,356,466.97

MWBE

Status

Participation

Certifying Agency **Cook County** 

**Smart Technology Services** 

MBE (6)

4.6% / Direct :

GPO Vendor Partial Waiver Granted: More Direct, Inc. has made good faith efforts to meet the MBE/WBE goals and utilize MBE/WBE firms in accordance with the applicable participation.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other GPO vendor(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar

#### **BOARD APPROVAL REQUEST**

SPONSOR:		EXECUTIVE SPONSOR: Vol. for CC. 18/1/2		
Russell Kelly, M.D., Chairman Division of Cardiology,		Claudia M. Fegan, Executive Medical Director / Medical		
Stroger Hospital		Director Stroger Hospital		
)	·			
DATE: PRODUCT / SER				
04/03/2013 TXPE OF REQUEST:	Product - Echo M			
TYPE OF REQUEST: VENDOR / SUP Execute Contract GE Medical, Mily				
	GE Medical, Milw	aukee, WI		
		GRANT FUNDED /RENEWAL AMOUNT:		
717-0897 Stroger Hospital \$797,962.18 CONTRACT PERIOD:		CONTRACT NUMBER:		
One time purchase		H13-76-035		
COMPETITIVE CELECTION ME	THODOLOGY.	1110-10-000		
X GPO				
NON-COMPETITIVE SELECTION	N METHODOLOG	Υ:		
N/A				
PRIOR CONTRACT HISTORY:				
There is no prior history.				
NEW SPANSAL WATER AT A STATE OF THE STATE OF				
NEW PROPOSAL JUSTIFICATION:				
This request is to purchase seven (7) e	cho cardiology ma	chines. The current wait time for standard transthoracic		
echocardiogram for out-patients is 3 m	nonths and for inpa	atients is 3 days. The delay in delivering crucial services		
could have negative consequences for	our patients. A de	lay of 1 to 2 days to obtain an echocardiogram costs the		
hospital thousands of dollars per patie	ent. Discharging pa	atients without proper definitive echocardiographic		
diagnosis could lead to more severe co	nsequences such :	as readmission. Increasing the lab capacity will improve		
the quality if our care and decrease the	hospital length of	stay		
TERMS OF REQUEST:				
	mhar H12 76 025	in the amount of \$797,962.18 as a one time purchase.		
		· · · · · · · · · · · · · · · · · · ·		
CONTRACT COMPLIANCE HAS FOL	IND THIS CONTE	PACT TO BE RESPOSIVE 2		
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT TO BE RESPONSIVE PROVED				
<u>ATTACHMENTS</u>				
BID TABULATIONS: N/A				
CONTRACT COMPLIANCE MEMO: I	Pe <b>ri</b> ding	APR 2 6 201 <b>3</b>		
CCHHS CCI:    Chief of Chief of Chief Characters (Internation Chief Characters Office Chief Characters (Internation Chief Characters Chief Chief Chief Chief Chief Chief Chief Chief C				
Jay Shannon, M.D., Chief of Clinical Integration/Interim Chief Operating Off Chief OF THE COOK COUNTY				
HEALTH AND HOSPITALS SYSTEM				
CCHHS CFO: Sol Coolsula				
Icha Cockinhom Chief Fingship Officer				
John Cookinham, Chief Financial Officer				
V 1/ 0				
CCHHS CEO:				
Ram Raju, M.D., Chief Executive Officer				
Request #				
		~_		
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#### THE BOARD OF COMMISSIONERS TONI PRECKWINKLE, PRESIDENT

Enrinan Collins

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# COUNTY OF COOK BUREAU OF FINANCE OFFICE OF CONTRACT COMPLIANCE JACQUELINE GOMEZ DIRECTOR

County Building 118 North Clark Street, Room 1020 Chicago, Illinois 60602-1304 TEL: (312) 603-5502

April 18, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re:

Contract No.:

H13-76-035 / GPO

Commodity:

Equipment – Echo Ultra Sounds

Department:

Adult Cardiology - Stroger Hospital

Term:

One Time Purchase

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance. In accordance with the CCHHS Preferred Vendor or GPO process, this purchase did not require a competitive bid and based on CCHHS needs, the GPO vendor has been found to be responsive.

GPO Vendor: GE Medical Systems, Wauwatosa, WI

Contract Amount: \$797,962.18

Waiver Granted: The specifications and necessary requirements for performing the contract make it in feasible to utilize MBEs and WBEs in accordance with the applicable participation.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other GPO vendor(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar



#### **BOARD APPROVAL REQUEST**

SPONSOR:				
N/A		EXECUTIVE SPONSOR:		
II IVA		Bala Hota, M.D., Chief Medical Information Officer/Chief Information Officer		
DATE:	PRODUCT / SER			
04/03/2013		re Support, Maintenance and Enhancements		
TYPE OF REQUEST:	VENDOR / SUPP	PI IFR.		
Execute Contract	CDW-G			
II aaa	AL IMPACT:	GRANT FUNDED /RENEWAL AMOUNT:		
	4,650.76	N/A		
	7,325.38			
Total \$71	1,976.14			
CONTRACT PERIOD: 06/01/2013 thru 05/31/2016	ļ.	CONTRACT NUMBER:		
COMPETITIVE CELECTION MET	TIODAL AGV.	H13-25-045		
X GPO	(HODOLOG1:			
NON-COMPETITIVE SELECTION	N METHODOLOG	ev.		
N/A	A MILITIONS	' <sup>*</sup>		
PRIOR CONTRACT HISTORY:		•		
No prior contract history.				
WENT TO TOO AT MATERIAL TION.				
NEW PROPOSAL JUSTIFICATION:	وافاريد فحصمه دريافاه	en e		
CUHHS is seeking to establish a new o	year contract with	Microsoft for Enterprise Core Infrastructure agreement		
(EUI). If IIIS CONTIACT COVERS the addition	al licenses and pro	oducts CCHHS requires to address compliance needs for se development and unlimited server licensing which		
covers CCHHS's rapid growth in virtual	Atelligence in-nous	se development and unlimited server licensing which nd storage infrastructure. This agreement also includes		
new licenses to cover the increase in us	Zalluli ui server un. ser load across CC	nd storage intrastructure. It his agreement also includes CHHS systems due to the 1115 Waiver and Meaningful Use		
requirements.	el luau autuut EE.	THO SYSTEMS due to the 1110 YValver and Ivicaling du Coo		
TERMS OF REQUEST:				
This is a request to renew contract num'	ber H13-25-045 in	the amount of \$711,976.14 for a three (3) year period from		
06/01/2013 thru 05/31/2016.				
CONTRACT COMPLIANCE LIAC FOLI		· · · · · · · · · · · · · · · · · · ·		
CONTRACT COMPLIANCE HAS FOUN	ID THIS CONTRA	CT RESPONSIVE: Pending		
ATTACHMENTS		APPROVED		
BID TABULATIONS: N/A		APPROVED		
CONTRACT COMPLIANCE MEMO: PO	endina .			
	•	APR 2 6 2013		
S.D. D. D.	Λ	nin a o paid		
CCHHS CFO: Ph Cooken	you_	BY BOARD OF		
John Cookinham Chief Financial Officer	r	DIRECTORS OF THE COOK COUNTY		
V = V	/	HEALTH AND HOSPITALS SYSTEM		
CCHHS CEO:				
Ram Raju, M.D., Chief Executive Office	1			
Raili Raju, W.D., Oliei Excounts S.,	•			
		Daguast #		
		Request #		

- Ambulatory & Community Health Network Cermak Health Services Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County Oak Forest Health Center Provident Hospital Ruth M. Rothstein CORE Center •

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10



#### TONI PRECKWINKLE

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Cook County Board

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12th District

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15th District

JEFFREY R. TOBOLSKI 16th District

ELIZABETH ANN DOODY GORMAN 17th District OFFICE OF CONTRACT COMPLIANCE

#### **JACQUELINE GOMEZ**

DIRECTOR

118 N. Clark, County Building, Room 1020 ● Chicago, Illinois 60602 ● (312) 603-5502

April 25, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.:

H13-25-045

Commodity:

Product/Service - Microsoft Software Support, Maintenance & Enhancements

Department:

HIS

Term:

06/01/13 - 05/31/16

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance. In accordance with the CCHHS Preferred Vendor or GPO process, this purchase did not require a competitive bid and based on CCHHS needs, the GPO vendor has been found to be responsive.

GPO Vendor: CDW Government LLC, Vemon Hills, IL

Contract Amount: \$711,976.14

M/WBE

M/WBE Status

Participation

Certifying Agency

**KBS Computer Services** 

MBE (6)

25% - Indirect

Cook County

Alta Packaging, Inc.

WBE

10% - Indirect

Cook County

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other GPO vendor(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar

#### **BOARD APPROVAL REQUEST**

SPONSOR:		EXECUTIVE SPONSOR:		
N/A		Bala Hota, M.D., Chief Medical Information Officer/Chief		
DATE:	PRODUCT / SER	Information Officer Information Officer 73 #		
04/10/2013		RVICE: cartridge for Lexmark Printers		
TYPE OF REQUEST:	VENDOR / SUPP	DI IED		
Execute Contract	MoreDirect, Inc. E			
	AL IMPACT:	GRANT FUNDED / RENEWAL AMOUNT:		
890-361 \$472.	565.99	N/A		
CONTRACT PERIOD:		CONTRACT NUMBER:		
04/01/2013 thru 03/31/2014	ļ	H13-25-043		
X COMPETITIVE SELECTION MET	THODOLOGY:			
NON-COMPETITIVE SELECTION	LI METUADAL AC			
N/A	N ME I HODOLOG	<b>Y</b> :		
PRIOR CONTRACT HISTORY:				
A request for bids was initiated for the p	provision of Lexma	rk toner cartridges and Tallgrass Systems, Ltd was chosen		
by virtue of being the lowest bidder mee	eting all specification	ons and being responsive to the MBE/WBE ordinance.		
Contract# 09-72-93 was awarded by the	e CCHHS Board or	n 10/07/2009 for a period of 24 months beginning on		
10/16/2009 and ending 10/15/2011. The	e total contract amo	ount was \$854,516.50. On 11/17/2011, the contract was		
extended 12 months per authority of the	Interim Director of	of Supply Chain Management from 10/16/2011 thru		
10/15/2012.				
NEW PROPOSAL JUSTIFICATION:				
	tment is requesting	approval to execute contract number H13-25-043 with a		
GPO vendor. MoreDirect, Inc. for the pr	ovision of Lexmark	COEM and Remanufactured toner cartridges. This request		
is for a twelve (12) month period from 04	4/01/2013 thru 03/	31/2014 in the amount of \$472.565.99.		
TERMS OF REQUEST:				
This is a request to execute contract nur	mber H13-25-043 i	in the amount of \$472,565.99 for a period of twelve (12)		
months from 04/01/2013 thru 3/31/2014	t.			
CONTRACT COMPLIANCE HAS FOUN	TUIC CONTDA	OT DEODONOME. Danding		
CONTRACT CONFLIANCE HAS FOUN	10 THIS CONTINU			
ATTACHMENTS		APPROVED		
BID TABULATIONS: N/A				
CONTRACT COMPLIANCE MEMO: PO	'ending	App 2 a onto		
- APR / D / N L D				
CCHHS CFO:				
John Cookinham, Chief Financial Officer  BY BOARD OF  DIRECTORS OF THE COOK COUNTY				
DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM				
CCHHS CEO:				
Ram Raju, M.D., Chief Executive Officer				
V				
	•			
		Request #		
		11		

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JEFFREY R. TOBOLSKI 16th District

ELIZABETH ANN DOODY GORMAN 17th District OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 Chicago, Illinois 60602 (312) 603-5502

April 24, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re: Contract No.:

H13-25-043 / GPO

Commodity:

Product - Lexmark Toner Cartridges

Department:

HIS - CCHHS

Tem:

Twelve (12) Months

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance. In accordance with the CCHHS Preferred Vendor or GPO process, this purchase did not require a competitive bid and based on CCHHS needs, the GPO vendor has been found to be responsive.

GPO Vendor: More Direct, Inc., Boca Raton, FL

Contract Amount: \$472,565.99

GPO Vendor Waiver Granted: There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other GPO vendor(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar

#### **BOARD APPROVAL REQUEST**

SPONSOR:		EXECUTIVE SPONSOR: N) 1018 Form 3/12/18		
Gennadiy Voronov, M.D., Chairman, Department of		EXECUTIVE SPONSOR: (1) For Feyn 3/12/13 Claudia M. Fegan, M.D., Executive Medical Director,		
Anesthesiology and Pain Management		Medical Director Stroger Høspital		
DATE:	PRODUCT / SER			
04/08/2013		geable Stimulator Implants		
TYPE OF REQUEST:	VENDOR / SUPP			
Execute Contract	Medtronic, Minne			
	AL IMPACT:	GRANT FUNDED /RENEWAL AMOUNT:		
	000.00	N/A		
CONTRACT PERIOD:		CONTRACT NUMBER:		
05/01/2013 thru 04/30/2015	-::000:00V	H13-73-042		
COMPETITIVE SELECTION MET	THODOLOGY:			
, NON-COMPETITIVE SELECTION	N METHODOLOG	V.		
Sole Source / Preferred Provider		11.		
Ovic obdice / Freience Freience	<u> </u>			
PRIOR CONTRACT HISTORY:				
No prior contract history.				
The prior of the case y				
NEW PROPOSAL JUSTIFICATION:		•		
The Rechargeable Stimulator Implant is	used for routine r	management of patients with acute/chronic pain problems.		
		tiple methods including implantation of neurostimulators.		
		•		
TERMS OF REQUEST:				
		in the amount of \$300,000.00 for a twenty-four (24) month		
period from 05/01/2013 thru 04/30/2015	<b>i</b> .			
CONTRACT COMPLIANCE HAS FOUN	ND THIS CONTRA	ACT RESPONSIVE: Pending		
		•		
ATTACHMENTS				
BID TABULATIONS: N/A	<b>.</b>			
CONTRACT COMPLIANCE MEMO: P	'enaing			
	<b>N</b>			
CCHHS CFO: Jeh Cookern	ham_			
John Cookinham, Chief Financial Office	ır			
John Cookinham, Chief Financial Officer  APPROVED				
CCHHS CEO:				
Ram Raju, M.D., Chief Executive Officer	r	APR 2 6 2013		
		BY BOARD OF		
		DIRECTORS OF THE COOK COUNTY		
		HEALTH AND HOSPITALS SYSTEM		

Request #

<sup>•</sup> Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health • • John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •



**TON! PRECKWINKLE** 

PRESIDENT

Cook County Board

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JEFFREY R. TOBOLSKI 16th District

ELIZABETH ANN DOODY GORMAN 17th District OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 ● Chicago, Illinois 60602 ● (312) 603-5502

April 25, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re: Contract No .:

H13-73-042 / CCHHS Preferred Provider

Commodity:

Supplies, Spinal Cord Stimulation Products

Department:

Anesthesiology & Pain Management - Stroger Hospital

Term:

Twenty-four (24) Months

Dear Ms. Besenhofer.

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance. In accordance with the CCHHS Preferred Provider process, this purchase did not require a competitive bid and based on CCHHS needs, the preferred provider has been found to be responsive.

Preferred Provider: Medtronic Neuromodulation, Minneapolis, MN

Contract Amount: \$330,000.00

Preferred Provider Waiver Granted: There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other preferred provider(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar

#### **BOARD APPROVAL REQUEST**

SPONSOR:				
,		EXECUTIVE SPONSOR:		
David Lai, AIA, LEED AP, Director of Stroger Hospital		Anthony Rajkumar, Chief Business Officer		
Plant		1 N. H. T. X. S		
James DeLisa, System Director of Plant Operations,		White Legenia		
CCHHS				
DATE: PRODUCT / SER				
04/12/2013 Service: Landsca				
TYPE OF REQUEST: VENDOR / SUPP				
Execute Contract	A Safe Haven For	undation, Chicago, Illinois		
ACCOUNT FACILITY FISCAL IMPACT		GRANT FUNDED / RENEWAL AMOUNT:		
897-235 Stroger Hospital	\$291,600.00	N/A		
CONTRACT PERIOD:		CONTRACT NUMBER:		
04/01/2013 through 11/30/2014		H13-72-030		
X COMPETITIVE SELECTION ME	THODOLOGY:			
^ RFP				
NON-COMPETITIVE SELECTION	N METHODOLOG	Y:		
N/A				
PRIOR CONTRACT HISTORY: Contract Number OMP H11-72-0033 was awarded by Supply Chain Management in the amount of \$83,510.00 for an eight (8) month period. On July 30, 2012, the contract was extended for an additional 4-month period by Supply Management to provide landscaping maintenance services for the Stroger Hospital campus, from 08/01/2012 through 11/30/2012.  NEW PROPOSAL JUSTIFICATION: This request is to enter into a contract with A Safe Haven Foundation to provide landscaping maintenance services. A Safe Haven Foundation was chosen to continue to service Stroger Hospital through the RFP process. The organization has met all specified criteria and was the cost effective response.  TERMS OF REQUEST: This is a request to execute Contract Number H13-72-030 in the amount of \$291,600.00 for landscaping maintenance services for the Stroger Hospital campus, from 04/01/2013 through 11/30/2014, for two growing seasons.				
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending				
ATTACHMENTS BID TABULATIONS: N/A CONTRACT COMPLIANCE MEMO: Pending  APR 2 6 2013				
CCHHS CFO: John Cookerlan BY BOARD OF				
John Cookinham, Chief Financial Officer  DIRECTORS OF THE COOK COUN HEALTH AND HOSPITALS SYSTE				
CCHHS CEO:				
Ram Raju, M.D., Chief Executive Officer //				
Request #				

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#### TONI PRECKWINKLE

PRESIDENT

Cook County Board

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4th District

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JOAN PATRIÇIA MURPHY 6th District

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EDWIN REYES 8th District

PETER N. SILVESTRI 9th District

BRIDGET GAINER
10th District

JOHN P. DALEY 11th District

JOHN A FRITCHEY

12th District

LARRY SUFFREDIN

13th District

GREGG GOSLIN

14th District

TIMOTHY O. SCHNEIDER
15th District

JEFFREY R. TOBOLSKI 16th District

ELIZABETH ANN DOODY GORMAN 17th District OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 ● Chicago, Illinois 60602 ● (312) 603-5502

April 22, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re: Co

Contract No.:

H13-72-030

Commodity:

Service, Landscaping Maintenance

Department

Buildings and Grounds - Stroger Hospital

Term:

16 Months / Commencing: 04/01/13 - 11/30/14

Dear Ms. Besenhofer:

The following bid for the above referenced confract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the service and/or supply goals of 25% MBE and 10% WBE participation.

Vendor: A Safe Haven Foundation, Chicago, IL (501(c)(3) Organization) Contract Amount: \$291,600.00

Waiver Granted: A Safe Haven Foundation has made good faith efforts to meet the MBE/WBE goals and utilize MBE/WBE firms in accordance with the applicable participation.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendor(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar

### Cook County Health & Hospitals System

BOARD APPR	ROVAL REQUEST
Sponsor:	Executive Sponsor: XXX for Chagen 3/14/13
Robert Cohen, M.D., Director of	Claudia M. Fegan, M.D., Executive Medical Director /
Pulmonary, Critical Care and Sleep	Medical Director Stroger Hospital
Medicine CCHHS	·
DATE:	PRODUCT / SERVICE:
03/19/2013	Product - Defibrillators
TYPE OF REQUEST:	VENDOR / SUPPLIER
Execute Contract Account FISCAL IMPACT:	Zoll Medical, Chelmsford, MA GRANT FUNDED AMOUNT:
7170897 Stroger Hospital \$235,482.00	N/A
CONTRACT PERIOD:	CONTRACT NUMBER:
N/A	H13-76-034
COMPETITIVE SELECTION METHODOLOGY:	
X NON-COMPETITIVE SELECTION METHODOLO	GY:
Sole Source /Preferred Provider	
PRIOR CONTRACT HISTORY:	
	ized capital 2011 funding to purchase fifty defibrillators for use
on the systems crash carts. These units were distribute	d throughout John H. Stroger Jr. Hospital; priority was given to
the areas of greatest need.	a throughout donn't it. Otroger of: Prospital, priority was given to
NEW PROPOSAL JUSTIFICATION:	
The crash cart defibrillators are an essential component	of resuscitation equipment for patients who may develop
arrhythmias or cardiac arrest. This request replaces and	upgrades the defibrillator systems which have exceeded their
	opened. These replacement defibrillators will be placed
throughout the Emergency Department, Critical Care Unit	its, Telemetry Units, and patient care areas in Stroger Hospital.
the Resuscitation Committee has requested that we start wenty-five (25) defibrillators.	ndardize to the Zoll defibrillators. This is a request to purchase
twenty-live (25) delibriliators.	
TERMS OF REQUEST:	
This is a request to execute contract H13-76-034 in the a	imount of \$235,482,00 as a one-time purchase
7	
CONTRACT COMPLIANCE HAS FOUND THIS CONTR	ACT RESPONSIVE? Pending
<u>ATTACHMENTS</u>	
BID TABULATIONS:	
CONTRACT COMPLIANCE MEMO:	
In the	
CCHHS CCVCOO:	- ma
Jay Shannon, M.D., Chief of Clinical Integration Interim C	Chief Operating Officer Impage
	Chief Operating Officer PROVED
CCHHS CFO: Jel Cookenl	420 11 8 0040
John Cookinham, Chief Financial Officer	APR 2 6 2013
V (// _	
CCHUS CEO:	BY BOARD OF
CCHHS CEO:	DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM
Main Maju, W.D., Office Executive Office	HEALTH AND HOSPITALS STOTEM

Request # 14

<sup>•</sup> Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health • • John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

### THE BOARD OF COMMISSIONERS TONI PRECKWINKLE, PRESIDENT

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John P. Marphy
10° Diot.
John P. Marphy
10° Diot.
Jesus G. Garcia
7 № Diot.
Jesus G. Garcia
16° Diot.
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17° Dio.



#### COUNTY OF COOK BUREAU OF FINANCE

#### OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ DIRECTOR

County Building 118 North Clerk Street, Room 1020 Chicago, Illinois 60602-1304 TEL: (312) 603-5502

April 12, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re:

Contract No.:

H13-76-034 / CCHHS Preferred Provider

Commodity:

Equipment – Defibrillators

Department: Term: Pulmonary – Stroger Hospital One Time Purchase

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance. In accordance with the CCHHS Preferred Vendor process, this purchase did not require a competitive bid and based on CCHHS needs, the preferred vendor has been found to be responsive.

Preferred Provider: Zoll Medical Corporation, Chelmsford, MA

Amount: \$234,482.00

<u>Full Waiver Granted</u>: Zoll Medical Corporation has made good faith efforts to meet the MBE/WBE goals and utilize MBE/WBE firms in accordance with the applicable participation.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other Preferred Provider(s) are being recommended for award.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/lar



### Cook County Health & Hospitals System

#### **BOARD APPROVAL REQUEST**

SPONSOR:		EXECUTIVE SPONSOR:			
Rhonda Yates, Director of Pharmacy		Jay Shannon, M.D., Chief of Clinical Integration/Interim			
Dr. Bala Hota, Chief Medical, Information Officer/Chief		Executive Director Shared Services			
Information Officer		IN Sotre			
DATE:	PRODUCT / SEF	RVICE:			
03/21/2013	Service: Mainten	ance for Proprietary Pyxis Equipment			
TYPE OF REQUEST:	VENDOR / SUP	PLIER:			
Execute Contract	CareFusion Solu	tions, LLC San Diego, CA			
ACCOUNT: FISC	CAL IMPACT:	GRANT FUNDED / RENEWAL AMOUNT:			
890-637 CCHHS \$176,	088.00	N/A			
CONTRACT PERIOD:		CONTRACT NUMBER:			
03/01/2013 thru 02/28/2014		H12-28-020			
COMPETITIVE SELECTION ME	THODOLOGY:				
X NON-COMPETITIVE SELECTION	N METHODOLOG	SY:			
Sole Source/Preferred Provider					
PRIOR CONTRACT HISTORY:					
Contract number H12-73-024 was app	roved by the Cook	County Health and Hospitals System Board on 08/09/2012			
for a one year period from 03/01/2012	thru 02/28/2013. Ti	he contract was for maintenance and support services for			
the proprietary Pyxis equipment locate	d at Stroger Hospit	al, Provident Hospital, Cermak Health Services and Oak			
Forest Health Center.	•	, ,			
NEW PROPOSAL JUSTIFICATION:					
This request is for the continued mainte	enance of the Pyxis	s drug dispensing equipment which resides on the nursing			
		ensing of pharmaceuticals and narcotics. In order for drugs			
		ve a pre-existing order except for specially designated			
		the drugs using their unique identification code according			
to regulatory guidelines. The annual m					
TERMS OF REQUEST:					
This is a request to execute contract nu	umber H12-28-020	in the amount of \$176,088.00 for a twelve (12) month			
period from 03/01/2013 thru 02/28/2014		, ,			
•					
CONTRACT COMPLIANCE HAS FOU	ND THIS CONTRA	CT RESPONSIVE PAPPROVED			
		APPROVLD			
<u>ATTACHMENTS</u>					
BID TABULATIONS: N/A		APR ≥ 6 2013			
CONTRACT COMPLIANCE MEMO: )	endina	WLV FATO			
	<b>y</b> ~				
CCHHS CBO: ( ) white /	lejkums	BY BOARD OF			
Anthony Rajkumar, Chief Business Off	<b>ce</b> r	DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM			
	<i>/</i>	HEALTH AND HOSPITALS STSTEM			
	D				
CCHHS CFO: WM Cooksen	bon				
John Cookinham, Chief Financial Office	er				
		,			
$\gamma$		<b>D</b>			
CCHHS CEO:		Request #			
Ram Raju, M.D., Chief Executive Office	er	15			

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •

• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

#### THE BOARD OF COMMISSIONERS TONI PRECKWINKLE, PRESIDENT

Eminem Collins 1st Dist. Bridged Geiner 10th Dist. Robert Steele 2st Dist. John P. Datey 11st Dist. John P. Datey 11st Dist. John P. Datey 11st Dist. John A. Fritchey 12st Dist. Dist. Bridged Geiler 13st Dist. Dist.



### COUNTY OF COOK BUREAU OF FINANCE OFFICE OF CONTRACT COMPLIANCE

#### JACQUELINE GOMEZ DIRECTOR

County Building 118 North Clark Street, Room 1020 Chicago, Illinois 60602-1304 TEL: (312) 603-5502

April 17, 2013

Ms. Gina Besenhofer System Director Supply Chain Management Cook County Health & Hospitals System 1900 W. Polk Street Chicago, Illinois 60612

Re:

Contract No.:

H13-28-020 / GPO

Commodity:

Service - Maintenance and Support Services for Proprietary Equipment (PYXIS)

Department:

Pharmacy - CCHHS

Term:

12 Months

#### Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance. In accordance with the CCHHS Preferred Vendor or GPO process, this purchase did not require a competitive bid and based on CCHHS needs, the GPO vendor has been found to be responsive.

GPO Vendor: CareFusion Solutions LLC, San Diego, CA

Contract Amount: \$176,088.00

Waiver Granted: CareFusion Solutions LLC has made good faith efforts to meet the MBE/WBE goals and utilize MBE/WBE firms in accordance with the applicable participation.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other GPO vendor(s) are being recommended for award.

Sincerely.

Jacqueline Gomez

Contract Compliance Director

JG/lar

Cook County Health and Hospitals System Finance Committee Meeting Minutes April 19, 2013

ATTACHMENT #3

### **Cook County Health and Hospitals System**

### **Financial Statements**

Year To Date March 31, 2013

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7. Comparative Income Statements:  Cook County Health Facilities (Consolidated)  Stroger Hospital  ACHN (Clinics)  1115 Waiver  Oak Forest Health Center  Provident Hospital  Bureau of Health  Department of Public Health  Cermak	14 15 16 17 18 19 20 21 22
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#### **COOK COUNTY HEALTH & HOSPITALS SYSTEM**

#### **MISSION STATEMENT**

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended March 31, 2013 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer _		
Dorothy M. Loving Executive Director of Fina	nce	

#### MANAGEMENT'S DISCUSSION AND ANALYSIS

#### **INTRODUCTION**

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended March 31, 2013. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Starting this fiscal year 2013, we have added the 1115 Waiver. Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2010 the Cook County Health and Hospital System Board and the Cook County Board of Commissioners approved Vision 2015 Strategic Plan, which outlines, over five years, restructuring CCHHS to deliver the best possible care for the vulnerable population of Cook County within the constraints of dollar resources available to the health system. This plan seeks to better allocate resources.

In 2012 the Cook County Health and Hospitals System and Cook County Board Officials collaborated to cut Medicaid costs, help county taxpayers, and transform Cook County's hospital system by jump-starting national health care reform in Cook County. In October, 2012 the federal government approved the 1115 Medicaid Waiver for Cook County, allowing CCHHS to enroll more than 115,000 individuals who will be eligible for Medicaid in 2014 into a Cook County network with no cost to the state of Illinois.

An 1115 Waiver allows the Cook County's Health System to early enroll certain uninsured patients into Medicaid. Specifically, these are patients who are not currently

eligible for Medicaid, but who will be eligible in 2014 under the Accountable Care Act. Many of these individuals are patients who already are being treated by our system without compensation. The Waiver is funded entirely by the federal government.

#### FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the four months with overall revenue of \$222,884 and overall expenses was \$315,219.

Net Patient revenue for the four months was \$126,339.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

Other revenue was \$1,579. Other revenue consists primarily of parking revenue.

#### **Patient Accounts Receivable – BEPA System**

#### General

As compared to November 30, 2012, Total Patient Accounts Receivable at the end of March-2013 reduced by 23 to 99 days. Additionally, there was a 4 day decrease in this figure, as compared to the previous month's figure.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage, including 1115 waiver and MANG applications;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts fell by \$1.159M (0.4%) as compared to the November-2012 balance. As compared to the previous month, this figure increased by \$8.998M (3.2%) and has declined in eleven (11) out of the last fourteen (14) months. The overall decline

in this figure indicates an increasing number of accounts are completing the collection process, which includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS claims on a per-diem and Medicare pays CCHHS on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

#### **Inpatient Accounts Receivable – BEPA System**

#### Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of March-2013 increased by \$0.233M (2.6%), as compared the November 30, 2012 balance and decreased by \$1.985M (18.0%), as compared to the previous month's balance. This indicates that more inpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a permember-per-month payment, not a claim-by-claim basis.

#### Billed Inpatient Accounts

Billed inpatient accounts at the end of March-2013 increased by \$10.640M (6.8%) as compared to the November 30, 2012 balance. This figure also grew by \$6.527M (4.1%) compared to the previous month's total.

The increase in this number indicates less accounts had the collection process completed than in the previous month and that fewer accounts are being removed from active accounts receivable. CCHHS' collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays on a per-diem and Medicare pays on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

#### **Outpatient Accounts Receivable – BEPA System**

#### Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts increased by \$1.859M (10.7%) by the end of March-2013, as compared to the level of unbilled accounts as of November 30, 2012.

This balance, as of the end of this month, was \$1.265M (7.1%) larger than the previous month's balance. This indicates that fewer outpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid's and Medicare's reimbursement configuration.

#### Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of March-2013 fell by \$11.799M (8.5%) over the balance as of November 30, 2012. This figure is \$2.471M (2.0%) greater than last month's figure.

The growth in this figure indicates that fewer Out-Patient accounts had their collection and write-off related activities completed, as compared to the prior month.

The reduction of internal bill-holds from 20 days to 6 days will tend to cause a growth in the billed accounts receivable.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

#### **Carelink Program Activities (Charity Care)**

The volume and dollar amounts written-off to charity care are as follows:

			Cumulative Number	Cumulative Value of
	Number of Accounts for	Value of Accounts for	of Accounts Through	Accounts Through
	March-2013	March-2013	March-2013	March-2013
In-Patient	611	\$ 9.082 M	2,387	\$ 32.385 M
Out-Patient	28,878	\$ 14.367 M	121,408	\$ 63.634 M
Totals	29,489	\$ 23.449 M	123,795	\$ 96.019 M

Operating Expenses at the end of four months was \$315.219M broken down as follows:

Salaries and Wages - \$169.352M

Benefits - \$46.417M

Supplies - \$30.801M.

Purchased Services, Rental, and Other - \$51.179M

Depreciation - \$11.317M

Utilities - \$2.197M

Insurance - \$3.957M.

Nonoperating Revenue was \$94.966M. The largest portions of this are attributed to sales tax in the amount of \$24.189M and property tax in the amount of \$26.933M. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

#### OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

#### **Accounts Receivable Comparison Cook County Health and Hospitals System** Fiscal Year 2013 December-2012 January-2013 February-2013 March-2013 **BEPA BEPA BEPA BEPA Inpatient** In-House \$ 10,694,624.53 \$ 14,197,840.36 \$ 17,083,585.46 \$ 16,412,265.48 Discharged Not Final Billed \$ 8,483,063.30 \$ 9,622,149.26 \$ 11,043,885.00 \$ 9,058,452.64 Billed \$ 153,028,241.07 \$ 154,871,251.62 \$ 160,358,506.05 \$ 166,885,757.25 **Total Inpatient Asccounts Receivable** \$ 172,205,928.90 \$ 178,691,241.24 \$ 188,485,976.51 \$ 192,356,475.37 **Outpatient** Unbilled 18,351,510.68 \$ 19,430,163.88 \$ 17,924,674.17 \$ \$ 19,189,961.92 Billed 134,201,903.14 \$ 123,927,492.43 \$ 124,359,198.61 \$ 126,829,842.41 \$ **Total Outpatient Accounts Receivable** \$ 152,553,413.82 \$ 143,357,656.31 \$ 142,283,872.78 \$ 146,019,804.33 **Combined Inpatient and Outpatient A/R** Unbilled 37,529,198.51 \$ 43,250,153.50 \$ 46,052,144.63 \$ 44,660,680.04 \$ 287,230,144.21 \$ 278,798,744.05 \$ Billed \$ 284,717,704.66 \$ 293,715,599.66 **Total IP and OP Accounts Receivable** \$ 324,759,342.72 \$ 322,048,897.55 \$ 330,769,849.29 \$ 338,376,279.70 **Average Daily Revenue** 2,797,555.00 \$ 2,957,056.00 \$ 3,222,942.00 \$ 3,416,191.00

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109

103

99

116

\$

**Days of Revenue Outstanding** 

## Cook County Health Facilities Combining Balance Sheet of General Funds (Unaudited) (In Thousands) March 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS	· · · ·											
CURRENT ASSETS:												
Cash and cash equivalents:												
Cash in banks	1,389	1		1,390	104	192		1,686				1,686
Cash held by Cook Co Treas	577,342			577,342	84,525	144,009		805,876	122,833		(928,709)	
Due from working cash fund	60,245	34,607		94,852				94,852			(54,586)	40,266
Total cash & cash equivalent	638,976	34,608		673,584	84,629	144,201		902,414	122,833		(983,295)	41,953
December to the control of the late												
Property taxes receivable:	0.250	11 000		20.270	1 221	1 / / 0	044	24.202	2 (00			27,002
Tax levy - current year	9,350	11,020		20,370	1,221	1,668	944	24,202	2,689			26,892
Tax levy - prior year	20,152	23,785		43,937	3,760	3,580	2,041	53,317	5,770			59,088
Total property taxes rec	29,502	34,805		64,307	4,980	5,248	2,985	77,520	8,460			85,980
Receivables:												
Patient AR-net of allowances	44,146			44,146	69	4,499		48,714				48,714
Third-party settlements	541			541				541				541
Other receivables	531	11		542	0	55	0	597		1		598
Due from State - sales taxes	4,089	4,505		8,594	1,212	1,973	392	12,170	1,657	3,393		17,220
Total receivables	49,308	4,516		53,823	1,280	6,527	392	62,022	1,657	3,394		67,073
Inventories	649			649	121	766		1,537		873		2,409
TOTAL CURRENT ASSETS	718,434	73,929		792,363	91,011	156,742	3,376	1,043,493	132,949	4,267	(983,295)	197,415
CAPITAL ASSETS:												
Depreciable assets - net	360,608	6,156		366,764	24,526	21,388	13,908	426,586	2,040	688		429,314
TOTAL ASSETS	1,079,042	80,085		1,159,128	115,537	178,131	17,284	1,470,079	134,989	4,955	(983,295)	626,729

## Cook County Health Facilities Combining Balance Sheet of General Funds (Unaudited) (In Thousands) March 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET POSITION												
CURRENT LIABILITIES:												
Due to Cook County Treasurer		116,711	1,061	117,772			805,977	923,750		59,545	(983,295)	
Accounts payable	16,127	541	1,852	18,521	221	1,879	20,071	40,693	740	206		41,638
Accrued salaries, wages,												
& other liabilities	6,990	962	(3)	7,950	151	709	1,027	9,837	1	940		10,778
Compensated absences	27,908	3,669		31,577	508	3,256	3,780	39,121	1,113	2,648		42,882
Deferred revenues	61,871			61,871		12,627		74,498				74,498
Third-party settlements					5	64		69				69
Due to others					11			11				11
Interacct payable (receivabl)	(1,211)	148,846	778	148,413	(2,153)	34,506	(188,601)	(7,835)	(59)	7,894		
TOTAL CURRENT LIABILITIES	111,686	270,730	3,688	386,103	(1,257)	53,041	642,255	1,080,144	1,796	71,232	(983,295)	169,877
LONG-TERM LIABILITIES:												
Reserve-tax objection suits	5,115	3,054		8,170	1,222	1,571	296	11,259	1,300			12,559
TOTAL LIABILITIES	116,801	273,784	3,688	394,273	(35)	54,613	642,552	1,091,403	3,096	71,232	(983,295)	182,436
NET POSITION												
NET POSITION:	2/0/00	/ 15/		2// 7/4	24.52/	24 200	12 000	407.507	2.040	400		400.014
Investment in capital assets	360,608	6,156	(200)	366,764	24,526	21,388	13,908	426,586	2,040	688		429,314
Beginning balance		(246,778)	(389)	417,567	90,594	103,310	(587,952)	23,519	126,907	(54,429)		95,997
Bond depreciation	7,656	283	(0.000)	7,939	851	647	1,738	11,174	72	70		11,317
Excess revenue (expenses)	(70,756)	46,640	(3,299)	(27,416)	(399)	(1,826)	(52,961)	(82,603)	2,874	(12,607)		(92,335)
Ending balance	962,241	(193,699)	(3,688)	764,855	115,571	123,518	(625,267)	378,677	131,894	(66,277)		444,293
TOTAL LIADULTIFC 0												
TOTAL LIABILITIES & NET POSITION	1,079,042	80,085		1,159,128	115,537	178,131	17,284	1,470,079	134,989	4,955	(983,295)	626,729
INLI FUSITION	1,017,042	00,000		1,107,120	110,037	170,131	17,204	1,410,019	134,709	4,700	(703,273)	020,129

### Cook County Health Facilities Combining Income Statement of General Funds (Unaudited) (In Thousands) March 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:						_					
Net patient service revenue	72,779	45,462		118,240	3	8,096		126,339			126,339
Other revenue	1,082	256		1,337	122	27		1,487	91	1	1,579
Total Revenue:	73,860	45,717		119,578	125	8,123		127,826	91	1	127,918
OPERATING EXPENSES:											
Salaries and wages	108,004	14,899	346	123,249	2,550	11,028	15,711	152,538	3,344	13,470	169,352
Employee benefits	28,696	4,221	3	32,920	1,397	3,251	4,199	41,767	1,231	3,419	46,417
Supplies	12,077	3,991		16,068	183	265	13,106	29,622	24	1,155	30,801
Purchased svs, rental & other	21,313	1,681	2,950	25,944	352	2,557	21,400	50,254	451	474	51,179
Depreciation	7,656	283		7,939	851	647	1,738	11,174	72	70	11,317
Utilities	1,286	30		1,316	267	221	386	2,190	7		2,197
Insurance expense	2,228	574		2,802	212	266	305	3,585	89	284	3,957
TOTAL OPERATING EXPENSES	181,261	25,678	3,299	210,238	5,811	18,235	56,846	291,129	5,218	18,872	315,219
GAIN (LOSS) FROM OPERATIONS	(107,400)	20,040	(3,299)	(90,660)	(5,686)	(10,112)	(56,846)	(163,303)	(5,127)	(18,872)	(187,301)
NONOPERATING REVENUE:											
Property taxes	9,380	11,056		20,436	1,226	1,655	947	24,264	2,669		26,933
Cigarette taxes	8,746	6,789		15,535	1,946	2,338	623	20,442	2,312		22,754
Sales taxes	5,744	6,328		12,072	1,702	2,771	550	17,096	2,327	4,766	24,189
Other tobacco product taxes	530	467		997	113	130	42	1,282	143		1,425
Interest income	2	0		2	0	0	0	2	0	0	2
Retirement plan contribution	12,242	1,959		14,201	299	1,391	1,722	17,614	549	1,498	19,662
TOTAL NONOPERATING REVENUE	36,644	26,600		63,244	5,286	8,285	3,884	80,700	8,001	6,265	94,966
INCOME (LOSS)	(70,756)	46,640	(3,299)	(27,416)	(399)	(1,826)	(52,961)	(82,603)	2,874	(12,607)	(92,335)

Note: The above accounts (i.e., Inventory, Supplies Expense, etc.) affected by the implementation and installation of the Lawson Inventory/Accounts Payable module, by the Supply Chain Management group, do not have correct year-to-date balances starting the month of January 2013; related transactions are still in contention and in the process of getting management approval for posting onto the Lawson general ledger system.

# Cook County Health Facilities Comparative Income Statement of General Funds (Unaudited) (In Thousands) Year to Date March 31, 2013

	February 28, 2013	Inc (Dec)	March 31, 2013
REVENUE:			
Net patient service revenue	95,109	31,231	126,339
Other revenue	1,074	505	1,579
Total Revenue	96,183	31,735	127,918
OPERATING EXPENSES:			
Salaries and wages	127,744	41,608	169,352
Employee benefits	35,447	10,970	46,417
Supplies	22,004	8,797	30,801
Purchased svs, rental & other	37,041	14,138	51,179
Depreciation	8,488	2,829	11,317
Utilities	1,221	975	2,197
Insurance expense	2,985	972	3,957
TOTAL OPERATING EXPENSES	234,930	80,289	315,219
GAIN (LOSS) FROM OPERATIONS	(138,747)	(48,554)	(187,301)
NONOPERATING REVENUE:			
Property taxes	20,332	6,601	26,933
Cigarette taxes	14,848	7,907	22,754
Sales taxes	17,220	6,969	24,189
Other tobacco product taxes	668	757	1,425
Interest income	2	1	2
Retirement plan contribution	14,746	4,915	19,662
TOTAL NONOPERATING REVENUE	67,816	27,150	94,966
NET INCOME (LOSS)	(70,931)	(21,404)	(92,335)

# Stroger Hospital Comparative Income Statement of General Funds (Unaudited) (In Thousands) Year to Date March 31, 2013

	February 28, 2013	Inc (Dec)	March 31, 2013
REVENUE:			
Net patient service revenue	56,129	16,649	72,779
Other revenue	699	383	1,082
Total Revenue	56,828	17,032	73,860
OPERATING EXPENSES:			
Salaries and wages	81,307	26,697	108,004
Employee benefits	21,926	6,770	28,696
Supplies	9,778	2,299	12,077
Purchased svs, rental & other	16,772	4,541	21,313
Depreciation	5,742	1,914	7,656
Utilities	716	570	1,286
Insurance expense	1,671	557	2,228
TOTAL OPERATING EXPENSES	137,913	43,348	181,261
GAIN (LOSS) FROM OPERATIONS	(81,085)	(26,316)	(107,400)
NONOPERATING REVENUE:			
Property taxes	7,084	2,296	9,380
Cigarette taxes	6,049	2,696	8,746
Sales taxes	4,089	1,655	5,744
Other tobacco product taxes	272	258	530
Interest income	2	0	2
Retirement plan contribution	9,181	3,060	12,242
TOTAL NONOPERATING REVENUE	26,678	9,966	36,644
NET INCOME (LOSS)	(54,407)	(16,349)	(70,756)

# ACHN (Clinics) Comparative Income Statement of General Funds (Unaudited) (In Thousands) Year to Date March 31, 2013

	February 28, 2013	Inc (Dec)	March 31, 2013
REVENUE:			
Net patient service revenue	33,180	12,282	45,462
Other revenue	190	65	256
Total Revenue	33,370	12,347	45,717
OPERATING EXPENSES:			
Salaries and wages	11,118	3,781	14,899
Employee benefits	3,218	1,002	4,221
Supplies	2,517	1,473	3,991
Purchased svs, rental & other	558	1,122	1,681
Depreciation	212	71	283
Utilities	10	19	30
Insurance expense	431	142	574
TOTAL OPERATING EXPENSES	18,066	7,612	25,678
GAIN (LOSS) FROM OPERATIONS	15,304	4,735	20,040
NONOPERATING REVENUE:			
Property taxes	8,351	2,706	11,056
Cigarette taxes	3,610	3,179	6,789
Sales taxes	4,505	1,823	6,328
Other tobacco product taxes	162	304	467
Interest income	0	0	0
Retirement plan contribution	1,470	490	1,959
TOTAL NONOPERATING REVENUE	18,098	8,502	26,600
NET INCOME (LOSS)	33,402	13,238	46,640

# 1115 Waiver Comparative Income Statement of General Funds (Unaudited) (In Thousands) Year to Date March 31, 2013

	February 28, 2013	Inc (Dec)	March 31, 2013
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	157	188	346
Employee benefits	2	1	3
Supplies			
Purchased svs, rental & other	752	2,198	2,950
Depreciation			
Utilities			
Insurance expense			_
TOTAL OPERATING EXPENSES	912	2,387	3,299
GAIN (LOSS) FROM OPERATIONS	(912)	(2,387)	(3,299)
NONOPERATING REVENUE:			
Property taxes			
Cigarette taxes			
Sales taxes			
Interest income			
Retirement plan contribution			
TOTAL NONOPERATING REVENUE			
NET INCOME (LOSS)	(912)	(2,387)	(3,299)

# Oak Forest Health Center Comparative Income Statement of General Funds (Unaudited) (In Thousands) Year to Date March 31, 2013

	February 28, 2013	Inc (Dec)	March 31, 2013
REVENUE:			
Net patient service revenue	3	0	3
Other revenue	92	30	122
Total Revenue	95	30	125
OPERATING EXPENSES:			
Salaries and wages	2,137	413	2,550
Employee benefits	1,056	340	1,397
Supplies	109	73	183
Purchased svs, rental & other	240	112	352
Depreciation	639	213	851
Utilities	125	141	267
Insurance expense	175	37	212
TOTAL OPERATING EXPENSES	4,482	1,329	5,811
GAIN (LOSS) FROM OPERATIONS	(4,387)	(1,299)	(5,686)
NONOPERATING REVENUE:			
Property taxes	929	297	1,226
Cigarette taxes	1,444	502	1,946
Sales taxes	1,212	490	1,702
Other tobacco product taxes	65	48	113
Interest income	0	0	0
Retirement plan contribution	224	75	299
TOTAL NONOPERATING REVENUE	3,874	1,413	5,286
NET INCOME (LOSS)	(513)	114	(399)

Notes:

Patient revenue for Oak Forest are recorded in Stroger Hospital and/or Ambulatory Clincs.

# Provident Hospital Comparative Income Statement of General Funds (Unaudited) (In Thousands) Year to Date March 31, 2013

	February 28, 2013	Inc (Dec)	March 31, 2013
REVENUE:			
Net patient service revenue	5,797	2,299	8,096
Other revenue	9	18	27
Total Revenue	5,806	2,317	8,123
OPERATING EXPENSES:			
Salaries and wages	9,239	1,789	11,028
Employee benefits	2,493	759	3,251
Supplies	216	49	265
Purchased svs, rental & other	1,812	745	2,557
Depreciation	485	162	647
Utilities	108	113	221
Insurance expense	200	67	266
TOTAL OPERATING EXPENSES	14,552	3,683	18,235
GAIN (LOSS) FROM OPERATIONS	(8,746)	(1,366)	(10,112)
NONOPERATING REVENUE:			
Property taxes	1,245	409	1,655
Cigarette taxes	1,857	481	2,338
Sales taxes	1,973	798	2,771
Other tobacco product taxes	84		130
Interest income	0	0	0
Retirement plan contribution	1,044	348	1,391
TOTAL NONOPERATING REVENUE	6,202	2,037	8,285
NET INCOME (LOSS)	(2,544)	671	(1,826)

# Bureau of Health Comparative Income Statement of General Funds (Unaudited) (In Thousands) Year to Date March 31, 2013

	February 28, 2013	Inc (Dec)	March 31, 2013
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	11,465	4,246	15,711
Employee benefits	3,201	998	4,199
Supplies	8,224	4,882	13,106
Purchased svs, rental & other	16,258	5,142	21,400
Depreciation	1,303	434	1,738
Utilities	257		386
Insurance expense	229	76	305
TOTAL OPERATING EXPENSES	40,938	15,779	56,846
GAIN (LOSS) FROM OPERATIONS	(40,938)	(15,779)	(56,846)
NONOPERATING REVENUE:			
Property taxes	715	232	947
Cigarette taxes	351	272	623
Sales taxes	392	159	550
Other tobacco product taxes	16		42
Interest income	0	0	0
Retirement plan contribution	1,292	431	1,722
TOTAL NONOPERATING REVENUE	2,765	1,093	3,884
NET INCOME (LOSS)	(38,173)	(14,686)	(52,961)

# Dept of Public Health Comparative Income Statement of General Funds (Unaudited) (In Thousands) Year to Date March 31, 2013

	February 28, 2013	Inc (Dec)	March 31, 2013
REVENUE:			
Net patient service revenue			
Other revenue	83	8	91
Total Revenue	83	8	91
OPERATING EXPENSES:			
Salaries and wages	2,523	821	3,344
Employee benefits	937	294	1,231
Supplies	16	8	24
Purchased svs, rental & other	355	96	451
Depreciation	54	18	72
Utilities	3	4	7
Insurance expense	66	22	89
TOTAL OPERATING EXPENSES	3,955	1,263	5,218
GAIN (LOSS) FROM OPERATIONS	(3,872)	(1,255)	(5,127)
NONOPERATING REVENUE:			
Property taxes	2,009	660	2,669
Cigarette taxes	1,536	776	2,312
Sales taxes	1,657	670	2,327
Other tobacco product taxes	69	74	143
Interest income	0	0	0
Retirement plan contribution	412	137	549
TOTAL NONOPERATING REVENUE	5,683	2,318	8,001
NET INCOME (LOSS)	1,810	1,064	2,874

# Cermak Comparative Income Statement of General Funds (Unaudited) (In Thousands) Year to Date March 31, 2013

	February 28, 2013	Inc (Dec)	March 31, 2013
REVENUE:			
Net patient service revenue			
Other revenue	0	0	1_
Total Revenue	0	0	1
OPERATING EXPENSES:			
Salaries and wages	9,798	3,672	13,470
Employee benefits	2,612	806	3,419
Supplies	1,144	11	1,155
Purchased svs, rental & other	293	181	474
Depreciation	53	18	70
Utilities			
Insurance expense	213	71	284
TOTAL OPERATING EXPENSES	14,113	4,759	18,872
GAIN (LOSS) FROM OPERATIONS	(14,113)	(4,759)	(18,872)
NONOPERATING REVENUE:			
Sales taxes	3,393	1,373	4,766
Interest income	0	0	0
Retirement plan contribution	1,124	375	1,498
TOTAL NONOPERATING REVENUE	4,517	1,748	6,265
NET INCOME (LOSS)	(9,596)	(3,011)	(12,607)

### COOK COUNTY HEALTH AND HOSPITALS SYSTEM FINANCIAL STATEMENT DISCLOSURE CHECKLIST

Fiscal Year 2013

#### **OBJECTIVE:**

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

#### **DISCLOSURE PRINCIPLES:**

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

FINANCIAL STATEMENT REFERENCES:  1. Do the financial statements reference footnotes (MD&A) or selected information?  Yes  GENERAL DISCLOSURES:  A. Estimates:  Disclosure of possible changes in estimates?  B. Vulnerabilities do to concentrations in following areas disclosed?:  1. Customers?  2. Suppliers?  3. Lenders?  4. Products?  5. Supply of materials, labor or supplies?  6. Location of assets in geographic area?  C. Related parties (FASB 57):  1. Known common control and economic dependency disclosure?  2. Known transactions with related parties disclosed?  Yes  OTHER DISCLOSURE AREAS TO BE CONSIDERED:  1. Method of consolidations?  4. Discontinues operations?  4. Discontinues operations?  5. Going concern?  COMMENTS:  Date  Completed by  Date		Yes, N/A, No?	If no, state reason (immaterial, estimated, etc.)
1. Do the financial statements reference footnotes (MD&A) or selected information?  Yes  GENERAL DISCLOSURES:  A. Estimates: 1. General disclosure about use of estimates (MD&A)? 2. Disclosure of possible changes in estimates?  B. Vulnerabilities do to concentrations in following areas disclosed? 1. Customers? 2. Suppliers? 3. Lenders? 4. Products? 4. Products? 5. Supply of materials, labor or supplies? 6. Location of assets in geographic area?  C. Related parties (FASB 57): 1. Known common control and economic dependency disclosure? 2. Known transactions with related parties disclosed?  OTHER DISCLOSURE AREAS TO BE CONSIDERED: 1. Method of consolidations? 2. Accounting changes including changes in GAAP and in estimates? 3. Business combinations? 4. Discontinues operations? 5. Going concern?  COMMENTS:  Date  Completed by  Date	FINANCIAL STATEMENT REFERENCES:		
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3. Business combinations? 4. Discontinues operations? 5. Going concern?  COMMENTS:  Completed by Date			
4. Discontinues operations? 5. Going concern?  COMMENTS:  Completed by  Date	estimates?	Yes	
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COMMENTS:  Completed by Date			
Completed by Date	5. Going concern?	Yes	
	COMMENTS:		
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Reviewed by	Reviewed by		ate

### **Cook County Health and Hospitals System**

### Financial Operations and Statistical Reports (Non GAAP)

For the Month Ended March 31, 2013

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4. Utilization Factors	10 -13
5. Case Mix	14

Cash Report as of:	3/29/2013				***Final Co	sh Donort ***		Cumulative	Casl	n Report as of:	:	3/29/2013
For	the Month N	1arc	h-2013		Fillal Ca	sh Report *** Cumulative	Ca	sh Summar	/ Th	rough March-	201	3
	Actual		Budget		Variance			Actual		Budget		Variance
SHCC Medicare	4,591,611	s	4,243,399	\$	348,212	SHCC Medicare	¢	17,233,882	\$	16,562,944	s	670,938
Medicaid	9,408,119	Þ	9,861,380	Þ	(453,261)	Medicaid	э	34,930,364	Þ	41,910,865	٥	(6,980,501)
Other	1,709,547		1,659,804		49,743	Other		8,946,511		6,478,590		2,467,921
Physician Billing	695,637		948,933		(253,296)	Physician Billing		2,772,916		3,782,712		(1,009,796)
Medicaid Retroactive Payment UPL Medicaid Payment					-	Medicaid Retroactive Payment UPL Medicaid Payment		3,045,362				3,045,362
Vendor Payments From Revenue						Vendor Payments From Revenue						
Pharmacy Billing	-		-		-	Pharmacy Billing		- ((4.000)		-		- ((4.000)
Collection Agency Revenue Enhancement						Collection Agency Revenue Enhancement		(61,992)				(61,992)
Physician Billing Refunds	(12,015)		-		(12,015)	Physician Billing Refunds		(22,753)		-		(22,753)
Meaningful Use	-		646,471		(646,471)	Meaningful Use		6,394,088		2,523,322		3,870,766
CountyCare / 1115 Waiver - Capitation						CountyCare / 1115 Waiver - Capitation						
CountyCare / 1115						CountyCare / 1115						
Waiver -						Waiver -						
Administrative Fees Physician Contract Payments	388,843 96		81,230		388,843 (81,134)	Administrative Fees Physician Contract Payments		388,843 240,096		317,059		388,843 (76,963)
Physician Contract Revenues	-		- 01,230		(01,134)	Physician Contract Revenues		26,465		-		26,465
Totals	16,781,838	\$	17,441,217	\$	(659,379)	Totals	\$	73,893,782	\$	71,575,492	\$	2,318,290
_						•						
	Actual		Budget		Variance			Actual		Budget		Variance
PHCC			9			PHCC				9		
Medicare 5		\$	219,708	\$	(292,493)	Medicare	\$	462,804	\$	857,570	\$	(394,766)
Medicaid Other	611,876 64,683		416,047 103,848		195,829	Medicaid Other		2,067,716 391,602		1,768,200 405,342		299,516 (13,740)
Physician Billing	67,225		43,177		(39,165) 24,048	Physician Billing		268.856		172,117		96,739
Medicaid Retroactive Payment	-		-			Medicaid Retroactive Payment		,		-		-
UPL Medicaid Payment	-		-		-	UPL Medicaid Payment		1,032,208		-		1,032,208
Vendor Payments From Revenue Pharmacy Billing	(3.124)				(3,124)	Vendor Payments From Revenue Pharmacy Billing		(12,567)				(12,567)
Collection Agency	(374)		-		(374)	Collection Agency		(1,972)				(1,972)
Revenue Enhancement	-		-		-	Revenue Enhancement		-		-		-
Physician Billing Refunds	1,098,124		92,567		1,005,557	Physician Billing Refunds Meaningful Use		1,799,956		361,309		1 420 447
Meaningful Use CountyCare / 1115	1,090,124		92,307		1,003,337	CountyCare / 1115		1,799,930		301,309		1,438,647
Waiver - Capitation	-		-		-	Waiver - Capitation		-		-		-
CountyCare / 1115						CountyCare / 1115						
Waiver - Administrative Fees						Waiver - Administrative Fees		_				-
Physician Contract Payments	-		-		-	Physician Contract Payments		-		-		-
Physician Contract Revenues	- 17/5/05		- 075 247		- 000 270	Physician Contract Revenues		- ( 000 (02		- 2 5/4 520		- 2 444 0/5
Totals	1,765,625	\$	875,347	\$	890,278	Totals	Þ	6,008,603	\$	3,564,538	\$	2,444,065
OFUC	Actual		Budget		Variance	OFUC		Actual		Budget		Variance
OFHC Medicare		s				OFHC Medicare	s		\$	_		
OFHC Medicare \$ Medicaid		\$	Budget 26,092 125,531		Variance (14,527) 101,439	OFHC Medicare Medicaid	\$	Actual 33,054 666,760	\$	Budget 101,843 533,507	\$	Variance (68,789) 133,253
Medicare \$ Medicaid Other	11,565 226,970 56,004	\$	26,092 125,531 39,817		(14,527) 101,439 16,187	Medicare Medicaid Other	\$	33,054 666,760 162,867	\$	101,843 533,507 155,415		(68,789) 133,253 7,452
Medicare S Medicaid Other Physician Billing	11,565 226,970	\$	26,092 125,531		(14,527) 101,439	Medicare Medicaid Other Physician Billing	\$	33,054 666,760	\$	101,843 533,507		(68,789) 133,253
Medicare \$ Medicaid Other	11,565 226,970 56,004	\$	26,092 125,531 39,817		(14,527) 101,439 16,187	Medicare Medicaid Other	\$	33,054 666,760 162,867	\$	101,843 533,507 155,415		(68,789) 133,253 7,452
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue	11,565 226,970 56,004	\$	26,092 125,531 39,817		(14,527) 101,439 16,187	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue	\$	33,054 666,760 162,867 102,465	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing	3 11,565 226,970 56,004 27,121 - -	\$	26,092 125,531 39,817		(14,527) 101,439 16,187 15,071 - -	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vender Payments From Revenue Pharmacy Billing	\$	33,054 666,760 162,867 102,465 - 925,566	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430 - 925,566
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Reverue Pharmacy Billing Collection Agency	11,565 226,970 56,004	\$	26,092 125,531 39,817		(14,527) 101,439 16,187	Medicare Mediciaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency	\$	33,054 666,760 162,867 102,465	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing	3 11,565 226,970 56,004 27,121 - -	\$	26,092 125,531 39,817		(14,527) 101,439 16,187 15,071 - -	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vender Payments From Revenue Pharmacy Billing	\$	33,054 666,760 162,867 102,465 - 925,566	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430 - 925,566
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use	3 11,565 226,970 56,004 27,121 - -	\$	26,092 125,531 39,817		(14,527) 101,439 16,187 15,071 - -	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payment From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use	\$	33,054 666,760 162,867 102,465 - 925,566	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430 - 925,566
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115	3 11,565 226,970 56,004 27,121 - -	\$	26,092 125,531 39,817		(14,527) 101,439 16,187 15,071 - -	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments from Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115	\$	33,054 666,760 162,867 102,465 - 925,566	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430 - 925,566
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation	3 11,565 226,970 56,004 27,121 - -	\$	26,092 125,531 39,817		(14,527) 101,439 16,187 15,071 - -	Medicare Medicaid Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation	\$	33,054 666,760 162,867 102,465 - 925,566	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430 - 925,566
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver / 1115 Waiver / 1115 Waiver / 1115	3 11,565 226,970 56,004 27,121 - -	\$	26,092 125,531 39,817		(14,527) 101,439 16,187 15,071 - -	Medicare Medicaid Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - I115 Waiver - I115 Waiver - I115 Waiver - I115 Waiver - Waiver - I115 Waiver - Waiver - I115 Waiver - Waiver	\$	33,054 666,760 162,867 102,465 - 925,566	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430 - 925,566
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees	3 11,565 226,970 56,004 27,121 - -	\$	26,092 125,531 39,817		(14,527) 101,439 16,187 15,071 - -	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees	\$	33,054 666,760 162,867 102,465 - 925,566	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430 - 925,566
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments	3 11,565 226,970 56,004 27,121 - -	\$	26,092 125,531 39,817		(14,527) 101,439 16,187 15,071 - -	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payment From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments	\$	33,054 666,760 162,867 102,465 - 925,566	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430 - 925,566
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees	3 11,565 226,970 56,004 27,121 - -	\$	26,092 125,531 39,817		(14,527) 101,439 16,187 15,071 - -	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees	\$	33,054 666,760 162,867 102,465 - 925,566	\$	101,843 533,507 155,415		(68,789) 133,253 7,452 54,430 - 925,566
Medicare Medicare Medicare Medicare Other Physician Billing Medicare Medica	3 11,565 226,970 56,004 27,121 		26,092 125,531 39,817 12,050	\$	(14,527) 101,439 16,187 15,071 (371)	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Payments	\$	33,054 666,760 162,867 102,465 925,566 (863)		101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863)
Medicare Medicare Medicare Medicare Other Physician Billing Medicare Medica	3 11,565 226,970 56,004 27,121 		26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071 (371)	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Payments	\$	33,054 666,760 162,867 102,465 925,566 (863)		101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049
Medicare Medicarie Medicarie Medicarie Other Physician Billing Medicarie Medicarie UPL Medicarie Payment Vender Payment Vender Payment Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Revenues	3 11,565 226,970 56,004 27,121 		26,092 125,531 39,817 12,050	\$	(14,527) 101,439 16,187 15,071 (371)	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Payments	\$	33,054 666,760 162,867 102,465 925,566 (863)		101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863)
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicare	\$ 11,565 226,970 56,004 27,121 		26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071 (371)	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payment From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Reyments Physician Contract Revenues Totals  SYSTEM Medicare	\$	33,054 666,760 162,867 102,465 925,566 (863) - - - 1,889,849 Actual	\$	101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance
Medicare Medicaid Other Physician Billing Medicaid Retroative Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Totals  System  System  System  System  Medicare Medicaid	3 11,565 226,970 56,004 27,121 	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071 (371)	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payment From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicare Medicaid	\$	33,054 666,760 162,867 102,465 - 925,566 - (863) - - - - 1,889,849 Actual	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 - (863) 1,051,049  Variance 207,383 (6,547,732)
Medicare Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Maiver / Capitation CountyCare / 1115 Waiver - Topitation CountyCare / 1115 Waiver - Topitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver	3 11,565 226,970 56,004 27,121 	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payment From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Totals  SYSTEM Medicare Medicare Medicare Medicare Medicare	\$	33,054 666,760 162,867 102,465 925,566 (863)	\$	101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance 207,383 (6,547,732) (2,461,633
Medicare Medicaid Other Physician Billing Medicaid Retroative Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Totals  System  System  System  System  Medicare Medicaid	3 11,565 226,970 56,004 27,121 	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071 (371)	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payment From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicare Medicaid	\$	33,054 666,760 162,867 102,465 - 925,566 - (863) - - - - 1,889,849 Actual	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 - (863) 1,051,049  Variance 207,383 (6,547,732)
Medicare Med	3 11,565 226,970 56,004 27,121 	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071	Medicare Medicaid Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Totals  SYSTEM Medicaid Medicaid Retreactive Payment UPL Medicaid Payment	\$	33,054 666,760 162,867 102,465 925,566 (863) 1,889,849  Actual 17,729,740 37,664,840 9,500,980	\$	101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance 207,383 (6,547,732) (2,461,633
Medicare Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Maintifer Fees Physician Contract Payments Physician Contract Revenues  Totals  SYSTEM Medicare Medicaid Other Medicaid Retroactive Payment UPL Medicaid Payment UPL Medicaid Payment UPL Medicaid Payments From Revenue	3 11,565 226,970 56,004 27,121 - (371) - (371) (371) - 1 5 321,289 Actual 5 4,530,391 10,246,965 1,830,234 789,983	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071 (371)	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation For CountyCare / 1115 Waiver - Capitation Co	\$	33,054 666,760 162,867 102,465 - 925,566 - (863) 1,889,849  Actual 17,729,740 37,664,840 9,500,980 3,144,237 5,003,136	\$	101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance 207,383 (8,547,732) 2,461,633 (858,627) 5,003,136
Medicare Med	3 11,565 226,970 56,004 27,121 	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071	Medicare Medicaid Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Totals  SYSTEM Medicaid Medicaid Retreactive Payment UPL Medicaid Payment	\$	33,054 666,760 162,867 102,465 925,566 (863)	\$	101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance 207,383 (6,547,732) 2,461,633 (858,627) 5,003,136 (12,567)
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Totals  SYSTEM Medicaid Contract Payments Physician Contract Revenues Totals  SYSTEM Medicaid Other Medicaid Retroactive Payment UPL Medicaid Payment UPL Medicaid Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement	3 11,565 226,970 56,004 27,121 	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payment From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Totalis  SYSTEM Medicaid Contract Payments Physician Contract Revenues Totals  SYSTEM Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement	\$	33,054 666,760 162,867 102,465 - 925,566 - (863) 1,889,849  Actual 17,729,740 37,664,840 9,500,980 3,144,237 5,003,136 (12,567) (64,827)	\$	101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance 207,383 (6,547,732) 2,461,633 (858,627) 5,003,136 (12,567) (64,827)
Medicare Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment UPL Medicaid Payment Vender Payments From Revenue Pharmacy Billing Collection Agency Reverue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicare Medicaid Medicaid Retroactive Payment UPL Medicaid Payment Vender Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physicia Billing Refunds	3 11,565 226,970 56,004 27,121 	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071	Medicare Medicard Medicard Medicard Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Totals  SYSTEM Medicare Medicaid Cotter UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physicia Billing Refunds	\$	33,054 666,760 162,867 102,465 - 925,566 - (863)	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 - (863) 1,051,049  Variance 207,383 (6,547,732) (2,461,633 (858,627) - 5,003,136 (12,567) (64,827) (22,753)
Medicare Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Mainingful Use Touting From Revenue Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Physician Billing Refunds Physician Billing Refunds Physician Contract Payment	3 11,565 226,970 56,004 27,121 	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071	Medicare Medicard Medicard Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physical Billing Returds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Mainer Medicare Totals  SYSTEM Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Returds Collection Agency Revenue Enhancement Physician Billing Returds Physician Enhancement Physician Enhancement Physician Billing Returds Physician Billing Returds Physician Billing Returds Physician Billing Returds Physician Enhancement Physician Billing Returds Physician Contract Payments	\$	33,054 666,760 162,867 102,465 925,566 (863)	\$	101,843 533,507 155,415 48,035 	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance 207,383 (6,547,732) 2,461,633 (858,627) 5,003,136 (12,567) (64,827) (22,753) (76,963)
Medicare Medicaid Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountlyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Revenues Totals  SYSTEM Medicaid Medicaid Retroactive Payment Physician Billing Medicaid Retroactive Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Revenues Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Payments	3 11,565 226,970 56,004 27,121 - (371) - (371) (371) 5 321,289 Actual 6 4,530,391 10,246,965 1,830,234 789,983 - (3,124) (745) - (12,015) 96	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071	Medicare Medicard Medicard Medicard Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Totals  SYSTEM Medicare Medicaid Other Physician Billing Medicaid Retreactive Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Payments Physician Gontract Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Payments Physician Contract Revenues Meaningful Use	\$	33,054 666,760 162,867 102,465 - 925,566 - (863)	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 - (863) 1,051,049  Variance 207,383 (6,547,732) (2,461,633 (858,627) - 5,003,136 (12,567) (64,827) (22,753)
Medicare Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Mainistrative Fees Physician Contract Payments Physician Contract Payments Totals  SYSTEM Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Physician Billing Collection Agency Revenue Enhancement Physician Gontract Payments Physician Contract Payments Meaningful Use CountyCare / 1115	3 11,565 226,970 56,004 27,121 (371) (371) (371) (371) (371) (371) (371) (371) (371) (371) (371) (371) (471) (472) (473) (474)	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071 (371) 117,799  Variance 41,192 (15,993) 26,765 (214,177) (3,124) (745) (12,015) (81,134)	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physical Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115  SYSTEM Medicaid Cottact Revenues Medicaid Other Physician Billing Medicaid Retroactive Payment Vendor Payments from Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Silling Refunds Physician Contract Payments Physician Contract Payments Physician Contract Payments Physican Contract Payments	\$	33,054 666,760 162,867 102,465 925,566 - (863)	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 - (863) 1,051,049  Variance 207,383 (858,627) 5,003,136 (12,567) (64,827) (22,753) (76,963) 26,465
Medicare Medicare Medicare Medicare Medicare Medicare Medicare Other Physician Billing Medicare UPL Medicard Physician Billing Medicare Me	3 11,565 226,970 56,004 27,121 (371) (371) (371) (371) (371) (371) (371) (371) (371) (371) (371) (371) (471) (472) (473) (474)	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071 (371) 117,799  Variance 41,192 (15,993) 26,765 (214,177) (3,124) (745) (12,015) (81,134)	Medicare Medicare Medicald Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Totals  SYSTEM Medicare Medicaid Revenues Medicaid Retroactive Payment UPL Medicaid Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Payments Physician Contract Revenue SPhysician Contract Revenue Meaningful Use CountyCare / 1115 Waiver - Capitation	\$	33,054 666,760 162,867 102,465 925,566 - (863)	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 - (863) 1,051,049  Variance 207,383 (858,627) 5,003,136 (12,567) (64,827) (22,753) (76,963) 26,465
Medicare Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Physician Billing Collection Agency Revenue Enhancement Physician Contract Payments Physicane Contract Payments Physican Contract Payments Physicane Contract Payments	3 11,565 226,970 56,004 27,121 (371) (371) (371) (371) (371) (371) (371) (371) (371) (371) (371) (371) (471) (472) (473) (474)	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071 (371) 117,799  Variance 41,192 (15,993) 26,765 (214,177) (3,124) (745) (12,015) (81,134)	Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physical Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115  SYSTEM Medicaid Cottact Revenues Medicaid Other Physician Billing Medicaid Retroactive Payment Vendor Payments from Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Silling Refunds Physician Contract Payments Physician Contract Payments Physician Contract Payments Physican Contract Payments	\$	33,054 666,760 162,867 102,465 925,566 - (863)	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 - (863) 1,051,049  Variance 207,383 (858,627) 5,003,136 (12,567) (64,827) (22,753) (76,963) 26,465
Medicare Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vender Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicaid Retroactive Payment UPL Medicaid Payment Vender Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Revenues Physician Contract Revenues Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Revenues Meaningful Use CountyCare / 1115 Waiver - Capitation	3 11,565 226,970 56,004 27,121 (371) (371) (371) 5 321,289 Actual 5 4,530,391 10,246,965 1,830,234 789,983 - (3,124) (745) 96 (12,015) 96 1,098,124	\$	26,092 125,531 39,817 12,050	\$	(14,527) 101,439 16,187 15,071	Medicare Medicard Medicard Medicard Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicare Medicaid Retreactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Revenues Physician Contract Revenues Physician Contract Revenue Meaningful Use CountyCare / 1115 Waiver - Capitation	\$	33,054 666,760 162,867 102,465 925,566  (863)	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance 207,383 (6547,732) 2,461,633 (858,627) 5,003,136 (12,567) (64,827) (22,753) (76,963) 26,465 5,309,413
Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Medicaid Other Physician Contract Payment Physician Gold Payment UPL Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Payments Physician Contract Payme	3 11,565 226,970 56,004 27,121 	\$	26,092 125,531 39,817 12,050 	\$	(14,527) 101,439 16,187 15,071 (371) 117,799  Variance 41,192 (15,993) 26,765 (214,177) (12,015) (81,134) 359,086	Medicare Medicaid Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Return Medicaid Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Medicaid Medicaid Other Physician Contract Payments Medicaid Other Physician Billing Medicaid Retroactive Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Payments Physician Contract	\$	33,054 666,760 162,867 102,465 - 925,566 - (863) 1,889,849  Actual  17,729,740 37,664,840 9,500,980 3,144,237 5,003,136 (12,567) (64,827) (22,753) 240,096 26,465 8,194,044	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance 207,383 (6,547,732) 2,461,633 (858,627) 5,003,136 (12,567) (64,827) (22,753) 26,465 5,309,413
Medicare Medicare Medicaid Other Physician Billing Medicaid Retroactive Payment UPL Medicaid Payment Vender Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicaid Retroactive Payment UPL Medicaid Payment Vender Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Revenues Physician Contract Revenues Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Revenues Meaningful Use CountyCare / 1115 Waiver - Capitation	3 11,565 226,970 56,004 27,121 (371) (371) (371) 5 321,289 Actual 5 4,530,391 10,246,965 1,830,234 789,983 - (3,124) (745) 96 (12,015) 96 1,098,124	\$	26,092 125,531 39,817 12,050	\$	(14,527) 101,439 16,187 15,071	Medicare Medicard Medicard Medicard Other Physician Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Paymens From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Billing Refunds Meaningful Use CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Capitation CountyCare / 1115 Waiver - Administrative Fees Physician Contract Payments Physician Contract Revenues Totals  SYSTEM Medicare Medicaid Retreactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Medicaid Retreactive Payment UPL Medicaid Payment Vendor Payments From Revenue Pharmacy Billing Collection Agency Revenue Enhancement Physician Contract Revenues Physician Contract Revenues Physician Contract Revenue Meaningful Use CountyCare / 1115 Waiver - Capitation	\$	33,054 666,760 162,867 102,465 925,566  (863)	\$	101,843 533,507 155,415 48,035	\$	(68,789) 133,253 7,452 54,430 925,566 (863) 1,051,049  Variance 207,383 (6547,732) 2,461,633 (858,627) 5,003,136 (12,567) (64,827) (22,753) (76,963) 26,465 5,309,413

The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 02/20/13 - 03/13/13 .

\$ 32,396,938 \$ 31,087,363 \$ 1,309,575

Medicaid Malpractice Retro

Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing paymen include refunds processed by CCHHS. Included in the "Revenue Enhancement" totals are payments to the state for supplemental workers hired to help clear the Medicaid backlog.

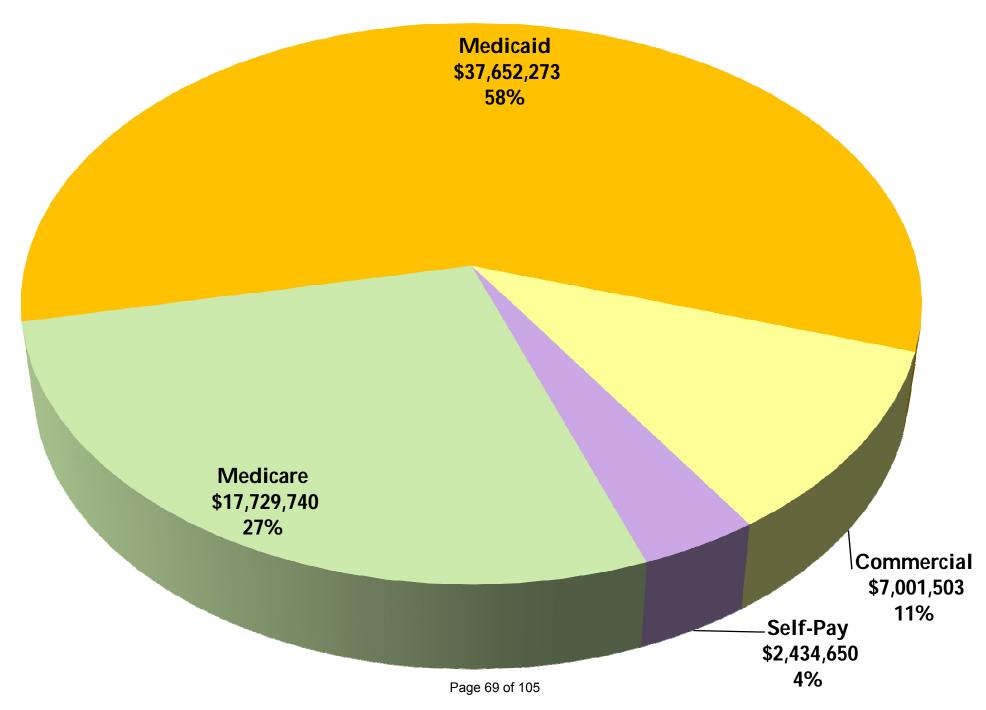
Totals

The Meaningful Use budget is spread over 12 months, as it is not known in which month this payment will be received. Meaningful Use includes both the Medicare and Medicaid portions.

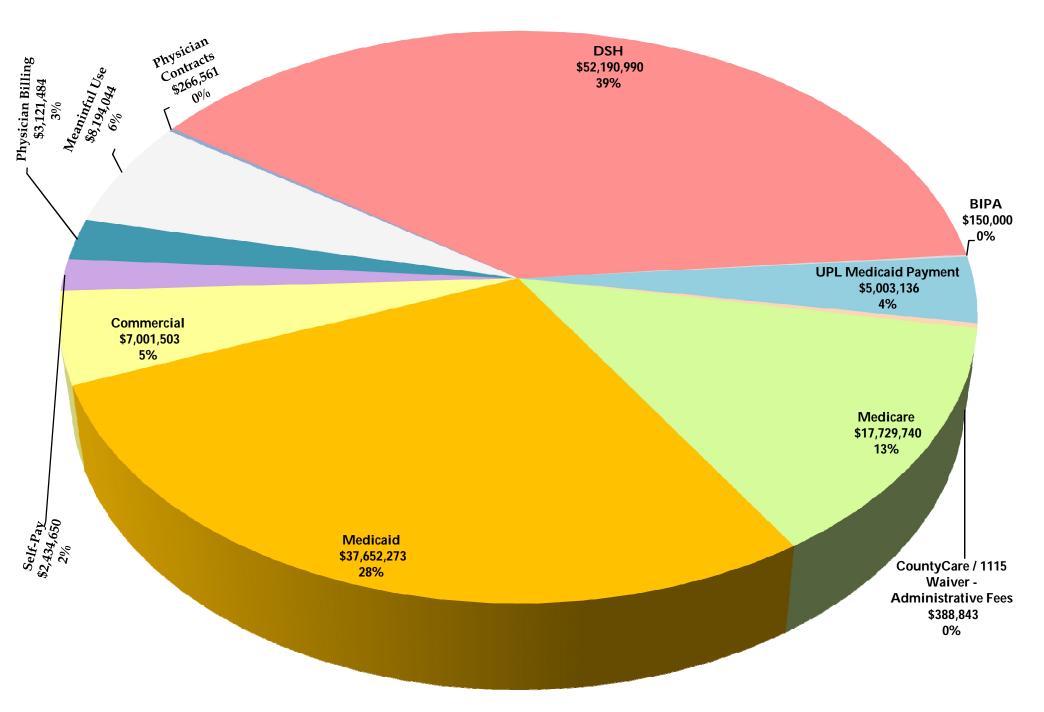
 $PHCC's \ Medicare \ revenue \ is \ negative \ for \ the \ month \ due \$ 

\$ 134,133,224 \$ 126,248,066

### CCHHS Cumulative Net Patient Fee Cash Receipts Through March-2013



### **CCHHS Cumulative Total Net Cash Receipts Through March-2013**

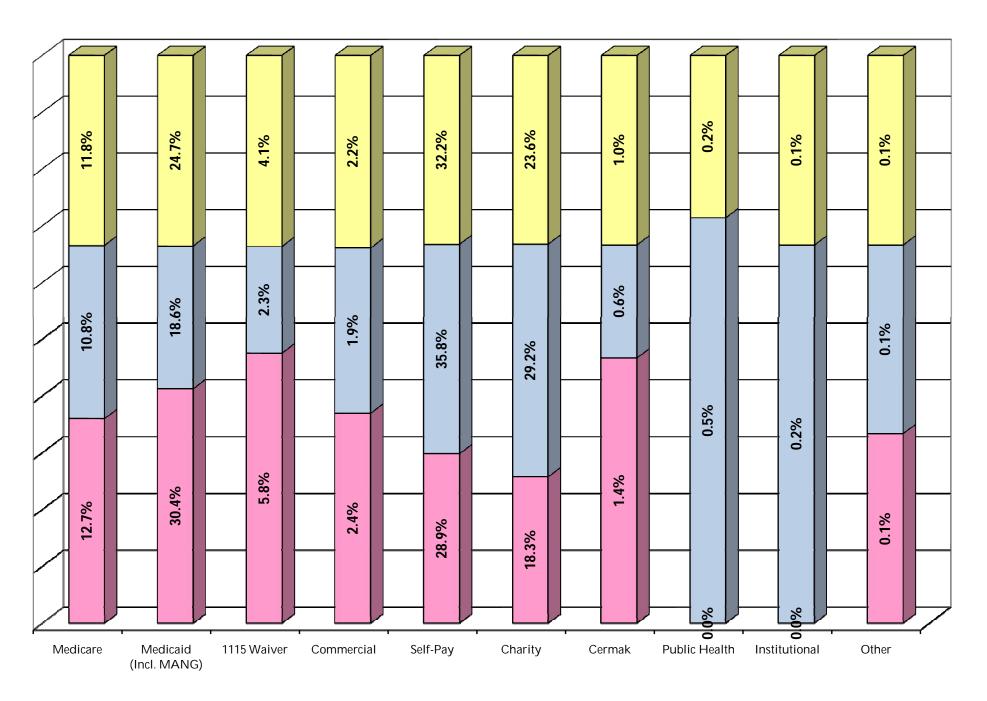


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# Cook County Health Facilities System Expenses per Adjusted Patient Days Budget and Actual (Non-GAAP Budget Basis) As of March 31, 2013

<u>Institution</u>	<u>ion</u> <u>Actual</u>		<u>B</u>	<u>Budget</u>	<u>Variance</u>		
Stroger	\$	4,101	\$	3,665	-11.90%		
Provident	\$	3,690	\$	3,645	-1.22%		

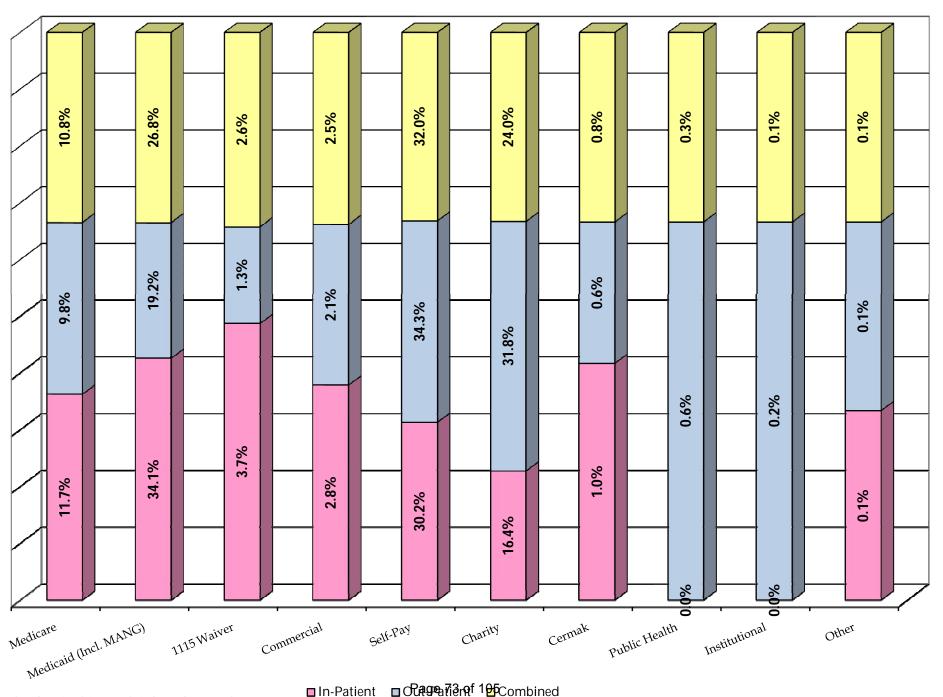
### CCHHS IP, OP, And Combined Payer Mix For Mar-2013 (Based Upon Charges) Assumes 30% Of Accounts Accepted By Vendor Successfully Converted To Medicaid



□ In-Patient □ Oratgea 7/2 not 1 05 Combined

- The data in this graph is based upon charges.
- Other includes Grants, Risk Management, and Workman's Compensation.

# Cumlative CCHHS IP, OP, And Combined Payer Mix Through Mar-2013 (Based Upon Charges) Assumes 30% Of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid

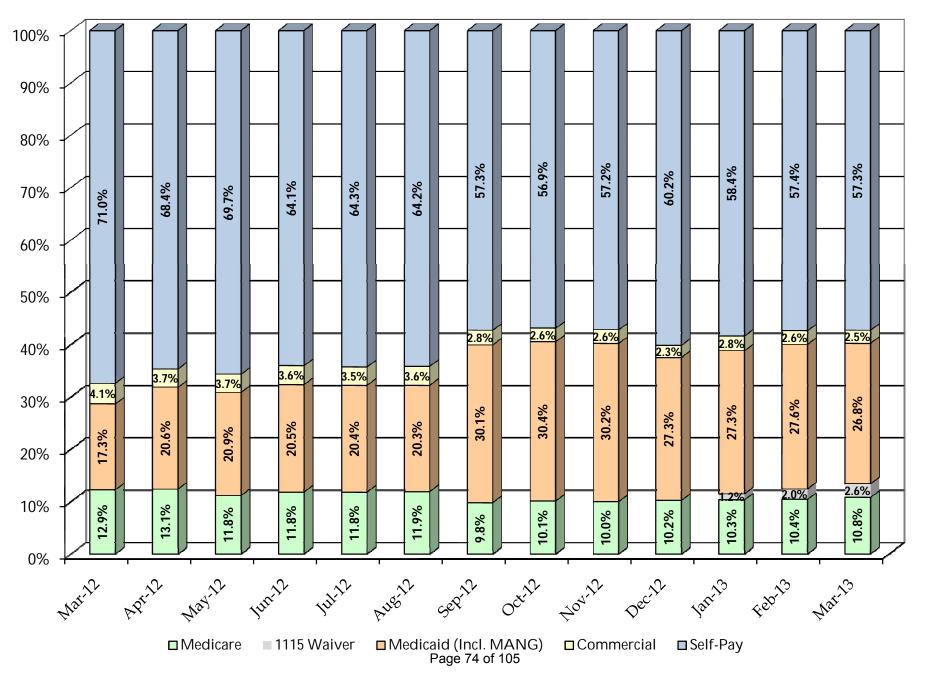


- The data in this graph is based upon charges.

<sup>-</sup> Other includes Grants, Risk Management, and Workman's Compensation.

# IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges) Cook County Health And Hospitals System Prior 13 Months Ending Mar-2013

#### Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



#### Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid March-2013

#### Admissions

	Stroger Hospital			Prov	Provident Hospital			System Total		
Payer Type	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
Medicare	260	222	38	16	21	(5)	276	243	33	
Medicaid	546	675	(129)	29	24	5	575	699	(124)	
Medicaid-Pending	1	-	1	-	-	-	1	-	1	
1115 Waiver	29	-	29	6	-	6	35	-	35	
Commercial	31	62	(31)	7	4	3	38	66	(28)	
Self-Pay	806	1,110	(304)	58	100	(42)	864	1,210	(346)	
Charity	262	-	262	23	-	23	285	-	285	
Cermak	30	-	30	-	-	-	30	-	30	
Grants	-	-	-	-	-	-	-	-	-	
Institutional	-	-	-	-	-	-	-	-	-	
Public Health	-	-	-	-	-	-	-	-	-	
Workmens' Compensation	1	-	1	-	-	-	1	-	1	
Total Admissions	1,966	2,069	(103)	139	149	(10)	2,105	2,218	(113)	

#### **Patient Days**

·										
	Str	Stroger Hospital			Provident Hospital			System Total		
Payer Type	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
Medicare	1,202	987	215	57	76	(19)	1,259	1,063	196	
Medicaid	2,772	3,431	(659)	135	113	22	2,907	3,544	(637)	
Medicaid-Pending	2	-	2	-	-	-	2	-	2	
1115 Waiver	126	-	126	40	-	40	166	-	166	
Commercial	167	340	(173)	24	15	9	191	355	(164)	
Self-Pay	3,966	4,672	(706)	229	374	(145)	4,195	5,046	(851)	
Charity	1,082	-	1,082	75	-	75	1,157	-	1,157	
Cermak	151	-	151	-	-	-	151	-	151	
Grants	-	-	-	-	-	-	-	-	-	
Institutional	-	-	-	-	-	-	-	-	-	
Public Health	-	-	-	-	-	-	-	-	-	
Workmens' Compensation	8	-	8	-	-	-	8	-	8	
Total Patient Days	9,476	9,430	46	560	578	(18)	10,036	10,008	28	

#### **Adjusted Patient Days**

	Str	oger Hospita	al	Prov	ident Ho	spital	System Total		
Payer Type	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,296	2,167	129	184	298	(114)	2,480	2,465	15
Medicaid	5,295	7,533	(2,238)	437	444	(7)	5,732	7,977	(2,245)
Medicaid-Pending	4	-	4	-	-	-	4	-	4
1115 Waiver	241	-	241	129	-	129	370	-	370
Commercial	319	746	(427)	78	59	19	397	805	(408)
Self-Pay	7,576	10,257	(2,681)	741	1,467	(726)	8,317	11,724	(3,407)
Charity	2,067	-	2,067	243	-	243	2,310	-	2,310
Cermak	288	-	288	-	-	-	288	-	288
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	15	-	15	-	-	-	15	-	15
Total Adjusted Patient Days	18,101	20,703	(2,602)	1,812	2,268	(456)	19,913	22,971	(3,058)

#### Average Length of Stay

	Str	oger Hospita	al	Provident Hospital				
Payer Type	Actual	Budget	Variance	Actual	Budget	Variance		
Medicare	4.4	4.8	(0.4)	3.5	3.7	(0.2)		
Medicaid	6.0	4.8	1.2	4.8	3.7	1.1		
Medicaid-Pending	1.0	4.8	(3.8)	-	-	-		
1115 Waiver	4.1	4.8	(0.7)	7.5	3.7	3.8		
Commercial	4.6	4.8	(0.2)	3.0	3.7	(0.7)		
Self-Pay	4.5	4.8	(0.3)	4.1	3.7	0.4		
Charity	3.9	4.8	(0.9)	4.1	3.7	0.4		
Grants	-	-	-	-	-	-		
Cermak	4.5	4.8	(0.3)	3.7	3.7	-		
Institutional	-	-	-	-	-	-		
Public Health	-	-	-	-	-	-		
Workmens' Compensation	8.0	4.8	3.2	-	-	-		
Overall Average LOS	4.8	4.8	-	4.2	3.7	0.5		

#### Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid **Cumulative For Fiscal Year 2013 Through March-2013**

#### Admissions

	Str	oger Hospita	al	Prov	ident Ho	spital	S	System Total		
Payer Type	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
Medicare	951	880	71	71	82	(11)	1,022	962	60	
Medicaid	2,202	2,514	(312)	77	102	(25)	2,279	2,616	(337)	
Medicaid-Pending	7	-	7	-	-	-	7	-	7	
1115 Waiver	47	-	47	8	-	8	55	-	55	
Commercial	140	240	(100)	12	11	1	152	251	(99)	
Self-Pay	3,265	4,274	(1,009)	261	374	(113)	3,526	4,648	(1,122)	
Charity	996	-	996	101	-	101	1,097	-	1,097	
Cermak	110	-	110	1	-	1	111	-	111	
Grants	-	-	-	-	-	-	-	-	-	
Institutional	-	-	-	-	-	-	-	-	-	
Public Health	3	-	3	-	-	-	3	-	3	
Workmens' Compensation	3	-	3	-	-	-	3	-	3	
Total Admissions	7,724	7,908	(184)	531	569	(38)	8,255	8,477	(222)	

#### Patient Days

	Str	oger Hospita	al	Prov	ident Ho	spital	S	System Total		
Payer Type	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
Medicare	4,184	4,080	104	306	338	(32)	4,490	4,418	72	
Medicaid	11,429	13,804	(2,375)	337	387	(50)	11,766	14,191	(2,425)	
Medicaid-Pending	23	-	23	3	-	3	26	-	26	
1115 Waiver	224	-	224	55	-	55	279	-	279	
Commercial	786	1,395	(609)	37	44	(7)	823	1,439	(616)	
Self-Pay	15,560	18,670	(3,110)	1,120	1,363	(243)	16,680	20,033	(3,353)	
Charity	4,002	-	4,002	368	-	368	4,370	-	4,370	
Cermak	421	-	421	1	-	1	422	-	422	
Grants	-	-	-	-	-	-	-	-	-	
Institutional	20	-	20	-	-	-	20	-	20	
Public Health	8	-	8	-	-	-	8	-	8	
Workmens' Compensation	12	-	12	-	-	-	12	-	12	
Total Patient Days	36,669	37,949	(1,280)	2,227	2,132	95	38,896	40,081	(1,185)	

#### **Adjusted Patient Days**

	Str	oger Hospita	ıl	Prov	ident Ho	spital	S	System Total		
Payer Type	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
Medicare	8,039	8,776	(737)	974	1,316	(342)	9,013	10,092	(1,079)	
Medicaid	21,966	29,684	(7,718)	1,080	1,507	(427)	23,046	31,191	(8,145)	
Medicaid-Pending	45	-	45	9	-	9	54	-	54	
1115 Waiver	429	-	429	177	-	177	606	-	606	
Commercial	1,511	3,005	(1,494)	119	171	(52)	1,630	3,176	(1,546)	
Self-Pay	29,907	40,128	(10,221)	3,560	5,313	(1,753)	33,467	45,441	(11,974)	
Charity	7,693	-	7,693	1,170	-	1,170	8,863	-	8,863	
Cermak	809	-	809	3	-	3	812	-	812	
Grants	-	-	-	-	-	-	-	-	-	
Institutional	39	-	39	-	-	-	39	-	39	
Public Health	16	-	16	-	-	-	16	-	16	
Workmens' Compensation	23	-	23	-	-	-	23	-	23	
<b>Total Adjusted Patient Days</b>	70,477	81,593	(11,116)	7,092	8,307	(1,215)	77,569	89,900	(12,331)	

#### Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid Emergency Room And Immediate Care Visits For March-2013

	S	troger Hospit	al			Provident Hospital					
			Total				ER Patients		Total		
	<b>ER Patients</b>		Visits				Treated		Visits		
	Treated And	Admissions	Before		Total Visits		And	Admissions	Before		Total Visits
Payer Type	Released	From ER	Elopes	ER Elopes	& Elopes	Payer Type	Released	From ER	Elopes	ER Elopes	& Elopes
Medicare	436	210	646	59	705	Medicare	154	15	169	11	180
Medicaid	2,485	371	2,856	310	3,166	Medicaid	504	28	532	78	610
Medicaid-Pending	1	-	1	2	3	Medicaid-Pending	-	-	-	-	-
1115 Waiver	85	20	105	5	110	1115 Waiver	9	5	14	1	15
Commercial	209	27	236	10	246	Commercial	68	7	75	8	83
Self-Pay	4,562	624	5,186	622	5,808	Self-Pay	1,312	53	1,365	153	1,518
Charity	941	179	1,120	98	1,218	Charity	337	18	355	29	384
Cermak	41	25	66	2	68	Cermak	-	-	-	-	-
Grants & Research	-	-	-	-	-	Grants & Research	-	-	-	-	-
Public Health	12	-	12	2	14	Public Health	2	-	2	-	2
Institutional	7	-	7	1	8	Institutional	3	-	3	-	3
Workmens' Compensation	2	-	2	-	2	Workmens' Compensation	-	-	-	-	-
Totals	8,781	1,456	10,237	1,111	11,348	Totals	2,389	126	2,515	280	2,795
		Budget	10,774	<del></del>	·			Budget	2,836		
		Variance	(537)	•				Variance	(321)	•	

Oak Forest Heal	th Center			ER and Imm	nediate Care	Total		
			ER Patients	;				Total ER and
			Treated			<b>Total Visits</b>		Immediate
	Immediate		And	Admissions	Immediate	Before		Care Visits
Payer Type	Care Visits	Payer Type	Released	From ER	Care Visits	Elopes	ER Elopes	with Elopes
Medicare	52	Medicare	590	225	52	867	70	937
Medicaid	74	Medicaid	2,989	399	74	3,462	388	3,850
Medicaid-Pending	-	Medicaid-Pending	1	-	-	1	2	3
1115 Waiver	18	1115 Waiver	94	25	18	137	6	143
Commercial	35	Commercial	277	34	35	346	18	364
Self-Pay	800	Self-Pay	5,874	677	800	7,351	775	8,126
Charity	300	Charity	1,278	197	300	1,775	127	1,902
Cermak	-	Cermak	41	25	-	66	2	68
Grants & Research	-	Grants & Research	-	-	-	-	-	-
Public Health	-	Public Health	14	-	-	14	2	16
Institutional	2	Institutional	10	-	2	12	1	13
Workmens' Compensation	1_	Workmens' Compensation	2	-	1	3	-	3
Totals	1,282	Totals	11,170	1,582	1,282	14,034	1,391	15,425
Budget	1,630		ER and	d Immediate	Care Budget	15,240		
Variance	(348)				Variance	(1,206)	• •	

#### Percent Of Admissions From Emergency Room For Month Of March-2013 SHCC PHCC CCHHS

	SHCC	PHCC	ССППЗ
ER Admissions	1,456	126	1,582
Total Admisisons	1,966	139	2,105
% of ER Admissions	74%	91%	75%

#### **Emergency Room Elope Percentage For Month Of March-2013**

	SHCC	PHCC	CCHHS
ER Elopes	1,111	280	1,391
Total Visits with Elopes	11,348	2,795	14,143
% of ER Elopes	10%	10%	10%

#### Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS, it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

#### Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid **Cumulative Emergency Room And Immediate Care Visits Through March-2013**

	Stroger Hospital						Provident Hospital						
			Total				<b>ER Patients</b>		Total				
	<b>ER Patients</b>		Visits				Treated		Visits				
	Treated And	Admissions	Before		<b>Total Visits</b>		And	Admissions	Before		<b>Total Visits</b>		
Payer Type	Released	From ER	Elopes	ER Elopes	& Elopes	Payer Type	Released	From ER	Elopes	ER Elopes	& Elopes		
Medicare	1,727	775	2,502	170	2,672	Medicare	594	68	662	52	714		
Medicaid	8,651	1,508	10,159	877	11,036	Medicaid	1,922	76	1,998	262	2,260		
Medicaid-Pending	6	4	10	3	13	Medicaid-Pending	-	-	-	-	-		
1115 Waiver	137	31	168	8	176	1115 Waiver	23	7	30	1	31		
Commercial	819	104	923	44	967	Commercial	258	12	270	24	294		
Self-Pay	19,323	2,491	21,814	2,615	24,429	Self-Pay	5,257	242	5,499	856	6,355		
Charity	3,754	655	4,409	331	4,740	Charity	1,442	79	1,521	130	1,651		
Cermak	166	100	266	7	273	Cermak	6	1	7	-	7		
Grants & Research	4	-	4	-	4	Grants & Research	-	-	-	-	-		
Public Health	53	1	54	24	78	Public Health	15	-	15	3	18		
Institutional	60	-	60	3	63	Institutional	12	-	12	-	12		
Workmens' Compensation	21	2	23	3	26	Workmens' Compensation	-	-	-	-	-		
Totals	34,721	5,671	40,392	4,085	44,477	Totals	9,529	485	10,014	1,328	11,342		
		Budget	41,716		·	•	·	Budget	11,035				
		Variance	(1,324)	-				Variance	(1,021)	='			

			ER Patients					Total ER and
			Treated			Total Visits		Immediate
	Immediate		And	Admissions	Immediate	Before		Care Visits
Payer Type	Care Visits	Payer Type	Released	From ER	Care Visits	Elopes	ER Elopes	with Elopes
Medicare	199	Medicare	2,321	843	199	3,363	222	3,585
Medicaid	259	Medicaid	10,573	1,584	259	12,416	1,139	13,555
Medicaid-Pending	-	Medicaid-Pending	6	4	-	10	3	13
1115 Waiver	29	1115 Waiver	160	38	29	227	9	236
Commercial	101	Commercial	1,077	116	101	1,294	68	1,362
Self-Pay	3,305	Self-Pay	24,580	2,733	3,305	30,618	3,471	34,089
Charity	1,255	Charity	5,196	734	1,255	7,185	461	7,646
Cermak	-	Cermak	172	101	-	273	7	280
Grants & Research	-	Grants & Research	4	-	-	4	-	4

Public Health

Workmens' Compensation

Totals

Institutional

7,044 Budget Variance (1,865)

Oak Forest Health Center

#### **Cumulative Emergency Room Elope Percentage Through March-2013**

6,156

ER and Immediate Care Budget

5,179

Variance

**ER and Immediate Care Total** 

93

75

27

55,585

59,795

(4,210)

27

5,413

3

120

78

30

60,998

Cumulative Percent Of Admissions From Emergency Room Through March-2013				n Through March-2013 Cumulative E	Cumulative Emergency Room Elope Percentage Th				
	SHCC	PHCC	CCHHS		SHCC	PHCC	CCHHS		
ER Admissions	5,671	485	6,156	ER Elopes	4,085	1,328	5,413		
Total Admisisons	7,724	531	8,255	Total Visits with Elopes	44,477	11,342	55,819		
% of ER Admissions	73%	91%	75%	% of ER Elopes	9%	12%	10%		

68

72

21

44,250

Public Health

Institutional

% of ER Admissions

Workmens' Compensation

Totals

- ER Elopes are patients who leave without being seen by a physician.

3

5,179

- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

#### **CCHHS Utilization Factors ACHN Clinic Visits - March-2013**

ACHN Clinic Visits - March-2013							
	Actual	Budget	Variance				
FANTUS / STROGER SCC CAMPUS	34,445	34,505	(60)				
WEST CLUSTER	5,239	6,288	(1,049)				
SOUTH CLUSTER	5,787	6,389	(602)				
SOUTH SUBURBAN CLUSTER	7,034	6,017	1,017				
Total ACHN Visits	52,505	53,199	(694)				

Cumulative Acting Chine Visits Through March-2015								
	Actual	Budget	Variance					
FANTUS / STROGER SCC CAMPUS	125,558	129,295	(3,737)					
WEST CLUSTER	22,312	24,759	(2,447)					
SOUTH CLUSTER	22,367	23,288	(921)					
SOUTH SUBURBAN CLUSTER	26,450	21,886	4,564					
Total ACHN Visits	196,687	199,228	(2,541)					

Cumulative ACHN Clinic Visits Through March-2013

#### Cook County Health and Hospitals System Top Ten DRG's - March-2013

John H. Stroger, Jr. Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	60	148	2.5	0.7375	2.7
2	313 CHEST PAIN	53	88	1.7	0.5617	1.7
3	292 HEART FAILURE & SHOCK W CC	40	172	4.3	1.0034	3.9
4	812 RED BLOOD CELL DISORDERS W/O MCC	35	110	3.1	0.7872	2.7
5	775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	34	112	3.3	0.5755	2.1
6	690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	31	108	3.5	0.7810	3.3
7	603 CELLULITIS W/O MCC	30	120	4.0	0.8392	3.7
	287 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O					
8	MCC	24	87	3.6	1.0709	2.4
9	293 HEART FAILURE & SHOCK W/O CC/MCC	24	64	2.7	0.6751	2.7
10	794 NEONATE W OTHER SIGNIFICANT PROBLEMS	21	65	3.1	1.2311	3.4

#### **Provident Hospital of Cook County**

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	313 CHEST PAIN	37	130	3.5	0.5617	1.7
2	292 HEART FAILURE & SHOCK W CC	13	94	7.2	1.0034	3.9
	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O					
3	CC/MCC	11	27	2.5	0.9653	1.8
4	293 HEART FAILURE & SHOCK W/O CC/MCC	7	25	3.6	0.6751	2.7
5	203 BRONCHITIS & ASTHMA W/O CC/MCC	7	22	3.1	0.6228	2.6
6	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	7	19	2.7	0.7375	2.7
7	195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	6	18	3.0	0.7078	3.0
8	191 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	4	31	7.8	0.9521	3.7
9	639 DIABETES W/O CC/MCC	4	17	4.3	0.5558	2.2
10	310 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	4	11	2.8	0.5541	2.0

Cook County Health and Hospitals System Finance Committee Meeting Minutes April 19, 2013

ATTACHMENT #4





**Media Outreach Update** 



# CountyCare Media Outreach Team

The Prairie Group (TPG) – Lead Outreach Fred Lebed – President

Public Communications Inc. (PCI) - Outreach Remi Gonzalez – Senior Vice President

Purple Group – Outreach Laritza Lopez – President

Jayne Agency – Media Creative Brooke Foley, President and CEO

**CCHHS** 

Marisa Kollias - Director of Media & Public Relations





# CountyCare Outreach TPG

# JANUARY 183

## **Major Strategic Partnerships**

The Prairie Group recognizes the importance of engaging key stakeholder organizations throughout Cook County to partner with CCHHS throughout the life of the CountyCare project. At the beginning of this project, we categorized these key organizations into areas. We continue to meet and seek direction from these stakeholders throughout the life of this project. These organizations are, indeed, significant partners for us and the CountyCare project. These organizations include:

Faith-Based Outreach

**Community Organizations (African American)** 

Community Organizations (Chinese, Korean, Polish, Vietnamese, Filipino and Arab Communities)

Suburban Outreach

**Intergovernmental Engagement** 

**FQHCs** 



# CountyCare Outreach TPG

## CountyCare Outreach Advisory Board

The Prairie Group is assisting in the development and coordination of the CountyCare Outreach Advisory Board.

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#### **Health Fairs**

Planning stage for scheduling five health fairs May – August in conjunction with FQHCs, community organizations, elected officials, public health organizations and others.

#### **Major Outreach Events**

In addition to health fairs, The Prairie Group has planned or was a major component to significant events, educating and advocating CountyCare.

#### **Grass-Roots Community Canvassing**

In conjunction with the CCHHS' designated "robo-calling" schedule, The Prairie Group has developed a targeted field operation plan and outreach strategy largely based upon the demographics of zip codes and age. Our plan consists, in part, of the distribution of CountyCare materials in the following: el stops, neighborhood grocery stores, currencies, beauty shops, barber shops, car washes, fast-food restaurants, nail shops and other neighborhood gathering places.

#### Free Media

The Prairie Group has solicited and scheduled "free media" opportunities for President Preckwinkle and/or Dr. Ram Raju to speak on behalf of CountyCare.

# CountyCare Outreach PCI

## **Community Organizations and Public Officials**

PCI and Purple Group have approached organizations and public officials that serve significant numbers in the LGBTQ and Latino Communities to inform them about CountyCare, distribute flyers to their local office, place articles in their constituent newsletters, supply posts for their Facebook page, Twitter feed, or eNewsletters.

#### **Public Information Sessions**

As a result of our outreach to community organizations and public officials, PCI and Purple Group are identifying and booking events to educate the public about CountyCare. Together we are planning to execute a total of 24 public events including Health Fairs & Job Fairs.

#### **Media Relations**

PCI is approaching media that serve primarily Hispanic and LGBTQ audiences, including neighborhood newspapers, blogs, public service announcements, radio stations and social media pages, to persuade them to run news stories about CountyCare.



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# CountyCare Media Jayne Agency

The Jayne Agency develops the creative marketing materials for the CountyCare initiative and works collaboratively with the Outreach team. Jayne helps provide strategic direction with Media as well.

#### **New creative:**

Bi-Fold - 100,000 printed and delivered

Strategy:

Bi-folds will be handed out once a potential candidate has self identified or been identified.

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Bi-folds are meant to provide deeper information, have a more "clinical" feel, tie in to all campaigns required for all ethnicities and geographies. They are designed to be more versatile than the targeted creative.

Flyers - 100,000 Printed and delivered

Posters 11x17 and 19x24 – 200 each Printing in process/Delivery 4.19.13



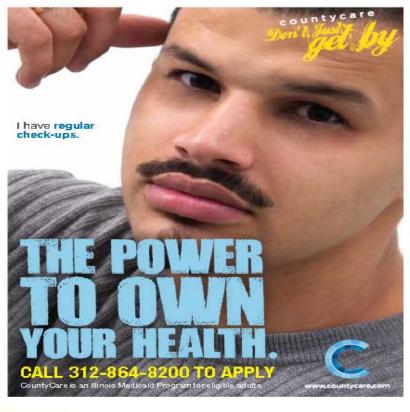


JANUARY 183

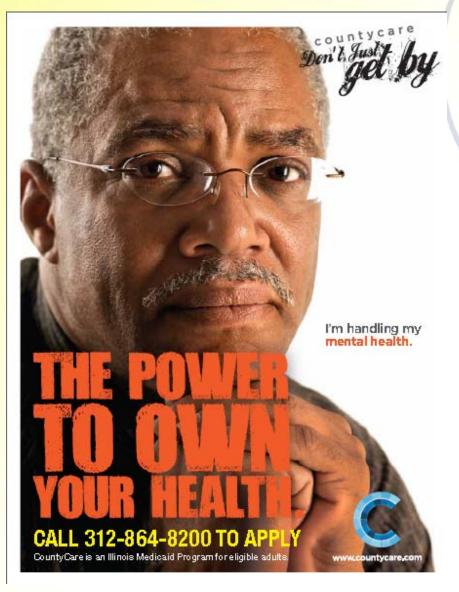














JANUARY 183

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# Bi-Fold Look



CCHHS

# Inside of Brochure



## Mammograms, labs, family planning and prescriptions...it's all included.

You can receive services such as:

- Regular doctor visits
- Prescriptions
- \* Nursing facility (after hospitalization)
- . Mental health
- Free public transportation to the hospital
- Labs, x-rays and other tests you may need
- \* Addiction treatment
- · Mammograms

# YOU SELECT WHERE TO GO FOR CARE, SUPPORT AND SERVICES

Property of

#### Close-to-home health care focused on you.

CountyCare is a new health care program that provides Cook County residents with complete health coverage, if you qualify. With CountyCare, you don't have to wait in the ER for a doctor to see you. You will be part of a patient-centered medical home (PCMH) where you can get care and services from a regular doctor. You will have a medical team that knows YOU—which you can call day or night. This means you can receive treatment in your own neighborhood.

Take control of your health.

CALL 312-864-8200

TO APPLY TODAY



Specialty doctor visits

Hospital services

· Home health

JANUARY 183

### 1115 Status Update

#### **Enrollment** Net Revenue

	<u>Initiated</u>	YTD Total			
	<b>Application</b>	<u>Initiated</u>			
	<u>Target</u>	<b>Applications</b>		<b>Budgeted Target</b>	<u>Actual</u>
November	1,000	1,031	November	\$0	\$0
December	4,000	2,847	December	\$0	\$0
January	9,000	7,763	January	\$0	\$0
February	16,000	16,670	February	\$0	\$0
March	25,000	27,827	March	\$0	\$1,455,885
April	35,000	38,051	April	\$3,189,713	\$3,761,763
May	46,000	0	May	\$19,393,720	\$0
June	57,500	0	June	\$20,348,036	\$0
July	69,000	0	July	\$23,914,720	\$0
August	80,500	0	August	\$27,380,820	\$0
September	92,000	0	September	\$30,746,336	\$0
October	103,500	0	October	\$34,313,020	\$0
November	115,000	0	November	\$37,678,535	\$0
December	115,000	0		\$196,964,900	\$5,217,648

ExpendituresYear-to-DateAdministration\$ 3,235,019Internal Clinical Expenses (CCHHS)\$ 2,836,541External Clinical Expenses\$ 760,446Total Expenditures\$ 6,832,006

<sup>\*</sup>Includes PMPM payment expected April 24th

Cook County Health and Hospitals System Finance Committee Meeting Minutes April 19, 2013

ATTACHMENT #5

# Finance Committee Meeting

Report of the Chief Financial officer
April 19, 2013



- The System Board has requested that the financial reporting be expanded to provide comparisons to budget so the Board is able to monitor the System performance against the planned performance.
- The traditional financial reporting with the County government has involved reporting actual collections and expenditures against appropriations. There has not been an emphasis on a balance sheet and a profit and loss statement.
- The System has developed a monthly financial reporting package that provides monthly financial statements and a number of other items such as statistics, top ten DRG's, accounts receivable performance, payer mix, and a narrative.



- The System staff has made several improvements in the financial reporting such as a salary and wage accrual each month to try to match the use of labor to the time frame where it was consumed.
- Since the finance department is limited to the information available from the County information system it will be difficult to improve the accruals for expenditure information.
- The finance staff will begin to reconcile cash collections to revenue on a regular basis to improve the accuracy of financial reporting for the System Board.



- Each month the finance staff will provide an additional schedule that compares the original budget to the performance of the System.
- The Budget for salaries and wages will be spread to the months on the number of days in the period. The bulk of the non labor expenditures will follow the same pattern.
- The revenue budget will be spread either on the number of payment weeks, the days in the period, or the estimated number of member months approved.



- The new schedule that will be developed will compare the budget and the System actual performance at a System level.
- There will need to be notes attached to this schedule that will explain some of the more significant variances for actual revenue and actual expenditures from budget.
- In addition to the explanations of variances plans will be provided that will describe actions to correct reported problems.



#### **CCHHS Income Statement YTD March 31, 2013**

Revenue		March YTD Budget	March YTD Actual	V	/ariance (worse)	%%%
Net Patient Service Revenue	\$	126,248,066	\$ 126,339,000	\$	90,934	0%
Grant revenue	\$	_	\$ 	\$		
Other Revenue	, \$ , \$	661,039	\$ 1,579,000	\$	917,961	139%
Total Revenue	<b>*</b> \$	126,909,105	\$ 127,918,000	\$	1,008,895	1%
Operating Expenses						
Salaries and Wages	\$	177,334,973	\$ 169,352,000	\$	7,982,973	5%
Employee Benefits	\$	51,231,226	\$ 46,417,000	\$	4,814,226	9%
Supplies	\$	38,869,135	\$ 30,801,000	\$	8,068,135	21%
Purchased Services, Rental, & Other	\$	71,729,454	\$ 51,179,000	\$	20,550,454	29%
Depreciation	\$	9,959,460	\$ 11,317,000	\$	(1,357,540)	-14%
Utilities	\$	3,724,999	\$ 2,197,000	\$	1,527,999	41%
Insurance Expense	\$	4,210,468	\$ 3,957,000	\$	253,468	6%
Services Provided by other County Offices	\$	1,076,403	\$ -	\$	1,076,403	100%
Total Operating Expenses	\$	358,136,119	\$ 315,220,000	\$	42,916,119	12%
Gain or (Loss) from Operations	<b>,</b> \$	(231,227,014)	\$ (187,302,000)	\$	43,925,014	19%
Non-Operating Revenue						
Property Taxes	\$	26,744,337	\$ 26,933,000	\$	188,663	1%
Cigarette Taxes & other tobacco products	\$	45,747,945	\$ 24,179,000	\$	(21,568,945)	-47%
Sales Taxes	\$	19,192,589	\$ 24,189,000	\$	4,996,411	26%
Firearms and Ammunition Taxes	\$	165,753		\$	(165,753)	-100%
Intergovernmental Revenue	\$	663,014	\$ -	\$	(663,014)	-100%
Interest Income	\$	6,630	\$ 2,000	\$	(4,630)	-70%
Retirement Plan Contribution	\$	19,772,726	\$ 19,662,000	\$	(110,726)	-1%
Total Non-Operating Revenue	\$	112,292,994	\$ 94,965,000	\$	(17,327,994)	-15%
Net Income	<b>"</b> \$	(118,934,020)	\$ (92,337,000)	\$	26,597,020	-22%

# Revenue Leakage Control

- The System has begun a program of improving charge capture for services provided to patients at System facilities.
- The goals of this effort include better management information, improved collections, documenting the cost of CountyCare patients, and improving patient care.
- The approach has been to review the areas that provide services to patients to make sure those services are charged and billed correctly.
- Charges must under Medicare rules must be the same for all patients. CCHHS can have agreements to accept individual payment rates from third party payers.



# Revenue Leakage Control

- There is currently an effort to focus on Dialysis, Trauma, Cath Lab, Chemo Therapy, and the Outpatient Pharmacy.
- After an area is reviewed there needs to be a pathway for charging to be established in Cerner.
- After a pathway for charging for a service has been established in Cerner it must be linked to the Siemens patient billing system.



# Revenue Leakage Control

There have been significant improvements in charge capture in the last six months.

**CCHHS Ave. Daily Rev.** 

	September	October	November	December	January	February	March
Monthly IP Charges \$	33,056,519	\$ 37,681,428	\$ 30,469,355	\$ 46,297,355 \$	52,508,800 \$	46,642,988 \$	56,236,158
Average Daily Charges \$	1,101,884	\$ 1,215,530	\$ 1,015,645	\$ 1,493,463 \$	1,693,832 \$	1,737,250 \$	1,814,070
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Monthly OP Charges \$	, ,	\$ 50,928,749				, , ,	53,138,348
Average Daily Charges \$	1,589,502	\$ 1,642,863	\$ 1,543,780	\$ 1,473,701 \$	1,637,921 \$	1,648,406 \$	1,714,140
Total Monthly Charges \$		\$ 88,610,177			103,284,343 _\$		109,374,506
Average Daily Charges \$	2,691,386	\$ 2,858,393	\$ 2,559,425	\$ 2,967,164 \$	3,331,753 \$	3,314,227 \$	3,528,210



# Revenue Leakage Control

**Charge Description Master Changes** 

#### **CCHHS CDM 2013 Updates**

Percentage of CDM Changed	43.5%
Total Changes	2830
Room & Board Update	7
Exploding CDM	21
Change Description	23
Мар CDM	24
Modify CDM	88
De-activate CDM	115
Price Change	669
New CDM created	1883



# Revenue Leakage Control

**CCHHS CDM without a price** 

Total number of CDM items (excluding Pharmacy)

6499

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	CDM w/o price	CDM w/o price with volume
Supplies	170	11
Durable Medical Equipment	110	10
Implant - Price Override	100	16
Lab - Price Override	16	1
Other	13	2
Total	409	40
	6.3%	0.6%